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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: 2019 **Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company					
000114605	Boulevard Offices, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
53110	Operate, lease, sell, buy and encumber real estate					
5. State of Formation						
Rhode island						
6. Principal Office Address			City	State	Zip	
41 Mendon Avenue			Pawtucket	RI	02861	
7. Mailing Address of Limited Lia		y and Name or Titl	e of Contact Person			
Contact Name Jerome V. Sweeney, III			Contact Title			
Street Address 41 Mendon Avenue			City	State	Zip	
8 List ALL managers (names ar	nd addresses)	of the Limited Liat	oility Company, IF APPLI	CABLE - DO NOT LIST M	EMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name	•	•	Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
Check the box to indicate an attachment						
9 Resident Agent in Rhode Islan	id. This informa	lion is currently of re	cord with the Department o	f State. Changes require filing	Form 642.	
Under penalty of perjury, I dec statements, and that all staten				iding any accompanying	schedules and	
Name of Authorized Person				Date	Date	
Jerome V. Sweeney, III						
Signature of Authorized Person		SIGN D	OCUMENT HERE			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

vised: 10/2017