



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2019 SEP 25 P 2: 56

2019 SEP -3 A 9: 53

**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 <b>620563</b>		2. Exact name of the Limited Liability Company <b>355 Thayer LLC</b>			
3. NAICS Code <b>531110</b>		4. Brief description of the character of business conducted in Rhode Island <b>to operate &amp; manage a real estate business, including the purchasing, selling, leasing, mortgaging, marketing, improving, maintaining &amp; managing real estate</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>1150 Reservoir Avenue #200</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Kenneth J. Morrissey</b>		Contact Title			
Street Address <b>1150 Reservoir Avenue #200</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Morrissey Management LLC</b>		Manager Name			
Street Address <b>1150 Reservoir Ave #200</b>		Street Address			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>					
Name of Authorized Person <b>Kenneth J. Morrissey</b>				Date <b>9/6/19</b>	
Signature of Authorized Person 				SIGN DOCUMENT 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**

SEP 25 2019

BY

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FORM 632 - Revised: 10/2017