



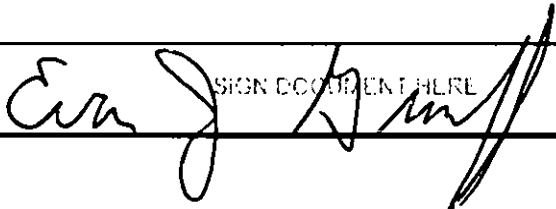
State of Rhode Island and Providence Plantations

## 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<br><b>000116721</b>                                                                                                                                                                     |                    | 2. Exact name of the Limited Liability Company<br><b>130 Westminster Street Associates, LLC</b>                                                           |                                 |                        |                     |
| 3. NAICS Code<br><b>531190</b>                                                                                                                                                                              |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Engage in the business of owning and operating a mixed use building</b> |                                 |                        |                     |
| 5. State of Formation<br><b>2/2/2001</b>                                                                                                                                                                    |                    |                                                                                                                                                           |                                 |                        |                     |
| 6. Principal Office Address<br><b>40 Westminster Street, 2nd Floor</b>                                                                                                                                      |                    |                                                                                                                                                           | City<br><b>Providence</b>       | State<br><b>RI</b>     | Zip<br><b>02903</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                    |                                                                                                                                                           |                                 |                        |                     |
| Contact Name<br><b>Evan J Granoff</b>                                                                                                                                                                       |                    |                                                                                                                                                           | Contact Title<br><b>Manager</b> |                        |                     |
| Street Address<br><b>40 Westminster Street, 2nd Floor</b>                                                                                                                                                   |                    |                                                                                                                                                           | City<br><b>Providence</b>       | State<br><b>RI</b>     | Zip<br><b>02903</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                    |                                                                                                                                                           |                                 |                        |                     |
| Manager Name<br><b>Evan J Granoff</b>                                                                                                                                                                       |                    |                                                                                                                                                           | Manager Name                    |                        |                     |
| Street Address<br><b>40 Westminster Street, 2nd Floor</b>                                                                                                                                                   |                    |                                                                                                                                                           | Street Address                  |                        |                     |
| City<br><b>Providence</b>                                                                                                                                                                                   | State<br><b>RI</b> | Zip<br><b>02903</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<br><b>Evan J Granoff</b>                                                                                                                                                          |                    |                                                                                                                                                           |                                 | Date<br><b>9/15/19</b> |                     |
| Signature of Authorized Person<br>                                                                                      |                    |                                                                                                                                                           |                                 | 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

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