



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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.

**FILED** **STAMP**  
OCT 21 2019  
20475

|  |       |   |      |                        |                     |
|--|-------|---|------|------------------------|---------------------|
| 1. Entity ID Number<br><b>000790935</b>  |       | 2. Exact name of the Limited Liability Company<br><b>127 BROOK STREET, LLC</b>                        |      |                        |                     |
| 3. NAICS Code<br><b>531110</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Own Real Estate</b> |      |                        |                     |
| 5. State of Formation<br><b>Rhode Island</b>   |       |   |      |                        |                     |
| 6. Principal Office Address<br><b>127 Brook Street</b>   |       | City<br><b>Providence</b>   |      | State<br><b>RI</b>     | Zip<br><b>02906</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |   |      |                        |                     |
| Contact Name<br><b>Howard W. Mahady, Jr.</b>   |       | Contact Title   |      |                        |                     |
| Street Address<br><b>127 Brook Street</b>  |       | City<br><b>Providence</b>   |      | State<br><b>RI</b>     | Zip<br><b>02906</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |       |   |      |                        |                     |
| Manager Name   |       | Manager Name  |      |                        |                     |
| Street Address   |       | Street Address  |      |                        |                     |
| City   | State | Zip   | 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.  |       |   |      |                        |                     |
| 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. |       |   |      |                        |                     |
| Name of Authorized Person<br><b>Howard W. Mahady, Jr.</b>  |       |   |      | Date<br><b>9.25.19</b> |                     |
| Signature of Authorized Person<br><i>Howard W. Mahady, Jr.</i>   |       |   |      |                        |                     |

MAIL TO:

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