Sta	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-304	treet )4-2615	
Limited Liability Comp Annual Report Filing Period: September 1 - I			
	-16-66(d), each limited liability comp thirty (30) days after the time presc enalty fee of \$25.00.		
ANNUAL REPORT YEAR: 2	2019		
1. ID No. <u>000096720</u>			
2. Exact Name of the Limited Liability Company FOUNDRY PARCEL SIX ASSOCIATES, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>531120</u>			
4. Brief Description of the	Character of the Business Which	is Actually Conducted in Rh	ode Island
<u>TO ACQUIRE, DEVELOI PERSONAL PROPERTY</u>	<u>P, MANAGE, IMPROVE, RENT</u>	Γ LEASE, SELL REAL AND	<u>.</u>
5. Principal Office Address	\$		
No. and Street:235 PROMENADE STCity or Town:PROVIDENCEState: RIZip: 02908Country: USA			
6. Mailing Address of Limi	ted Liability Company and Name	e or Title of Contact Person:	
	<u>GUERRA</u> Contact Title: MENADE STREET, SUITE 10 NCE	00 State: <u>RI</u> Zip: <u>02908</u> Co	ountry: <u>USA</u>
7. Name and Address of E DO NOT LIST MEMBERS	ach Manager of the Limited Liab S	bility Company, if Applicable.	
Title	Individual Name	Address	

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DAVID J. TRACY 50 KENNEDY PLAZA, SUITE 1500 PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 29 Day of October, 2019 at 10:58:27 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By THOMAS GUERRA

Signature of Authorized Person

Form No. 632 Revised 09/07

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