



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

Annual Report for the year: **2017**

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.

RECEIVED STATE  
SECRETARY OF STATE  
2019 OCT 29 PM 12:20  
CORPORATION DIV.

1. Entity ID Number <b>000334375</b>		2. Exact name of the Limited Liability Company <b>Empire LaSalle Holdings LLC</b>			
3. NAICS Code <b>631120</b>		4. Brief description of the character of business conducted in Rhode Island Owning, managing, improving, leasing, operating, financing, disposing of property in Providence, RI.			
5. State of Formation <b>Delaware</b>					
6. Principal Office Address c/o Berkeley Investments, Inc., 280 Congress St., Ste. 1350			City <b>Boston</b>	State <b>MA</b>	Zip <b>02210</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Daniel McGrath</b>			Contact Title <b>Vice President</b>		
Street Address <b>280 Congress Street, Ste. 1350</b>			City <b>Boston</b>	State <b>MA</b>	Zip <b>02210</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Berkeley Providence MGR LLC</b>			Manager Name		
Street Address <b>280 Congress Street, Ste. 1350</b>			Street Address		
City <b>Boston</b>	State <b>MA</b>	Zip <b>02210</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.					
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 <b>Young K. Park</b>				Date <b>10/25/19</b>	
Signature of Authorized Person 					

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

OCT 29 2019

FORM 632 - Revised: 10/2017

BY an OHDMR  
12.22