

Annual Report for the year: $\frac{2019}{}$ **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.

Entity ID Number 2. Exact name of the Limited Liability Company						
117991	Brooklyn Heights Associates, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531390	To own, purchase, lease, develop, rent, manage and otherwise deal in real estate and any other					
5. State of Formation	purpose permitted by law.					
Rhode Island						
6. Principal Office Address			City	State	Zip	
930 Oaklawn Avenue			Cranston	RI	02920	
7. Mailing Address of Limited Lia		ny and Name or Ti	tle of Contact Person			
Contact Name Sabrina Campanella			Contact Title			
Street Address 930 Oaklawn Avenue			City Cranston	State RI	^{Zip} 02920	
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						
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 dec statements, and that all staten	lare and affir nents contain	m that I have exa ned herein are tru	nmined this report, Inciudii le and correct.	ng any accompanyin	y schedules and	
Name of Authorized Person				Date	Date	
Sabrina Campanella				10-11	10-11-19	
Signature of Authorized Person And 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