



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

FILED

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.

DEC 20 2019

BY

1087-1088
DS

1. Entity ID Number 001680214		2. Exact name of the Limited Liability Company Aborn 2018 LLC			
3 NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island To develop and manage commercial real estate.			
5. State of Formation RI					
6. Principal Office Address 46 Aborn Street 4th Floor		City Providence		State RI	Zip 02903
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Kimberly Haskins			Contact Title Controller		
Street Address 46 Aborn Street 4th Floor		City Providence		State RI	Zip 02903
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 Jason R Bouchard				Date 12/17/19	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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