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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

→ Filling period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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1. Entity ID Number	2 Event name of the	Linetard Linebille, Cons				
I. Enaity to Normoer	2. Exact name of the Limited Liability Company					
10 11 114	EVP 1080 LL	С	4 * 14	· ,		
3. NAICS Code	4. Brief description of	the character of busin	ness conducted in Rhode I	sland		
531120						
5. State of Formation						
MA	REAL ESTATE					
6. Principal Office Address			City	State	Zip	
100 STATE STREET, FL 11			BOSTON	MA	02109	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name			Contact Title			
ANDREW KRAUS, GP			TAX MATTER PARTNER			
Street Address			City	State	Zip	
2 DRAKE CIRCLE			SHARON	MA	02067	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Manager Name						
Street Address 11						
City TY	State	501 CQ 109	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	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 filling 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				Date	Date	
ANDREW KRAUS, GP						
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