State of Rhode Island and Providence Plantations

Department of State - Business Services Division

→ Filling period: September 1 - November 1

→ Filing Fee: \$50.00

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

	FILED	
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BY.	1578	
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1. Entity ID Number	2 Event name of the	Linetard Linebille, Cons						
1. Entity ID Number 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			
DRAKE CIRCLE B. List ALL managers (names and addresses) of the Limited Liability Co			SHARON	MA	02067			
	imes and addresses) of t	the Limited Liability Co	· · ·	DO NOT LIST MEMBERS				
Manager Name Manager Name Manager Name								
Street Address 11								
City TY	State	50100 I	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 filing Form 642.								
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements contained herein are true and correct.								
Name of Authorized Pers	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