State of Rhode Island Office of the Secretary of State   Fer: \$3.0.00     Division Of Business Services 148 W. River Stret Providence RI 02904-2615 (401) 222-3040   State of Secretary of State     United Liability Company Annual Report Pring Period: September 1 - November 1   State of Romany Failing or refusing 10 fee ta annual report with NLIG. L. 74-66(d), each limited liability company failing or refusing 10 fee ta annual report with NLIG. L. 74-66(d), each limited liability company failing or refusing 10 fee ta annual report with NLIG. L. 74-66(d), each limited liability company failing or refusing 10 fee ta annual report with NLIG. L. 74-66(d), each limited liability company failing or refusing 10 fee ta annual report with NLIG. L. 74-67(d), each limited liability company failing or refusing 10 fee ta annual report with NLIG.     ANNUAL REPORT YEAR: 2020   Image: Company failing or refusing 10 fee ta annual report with NLIG.     1 ID No.   000978279     2.   Exact Name of the Limited Liability Company <u>RIBA Ellsworth LLC</u> 3.   State of Formation State: Ri     State: Ri   ARTICLE III     Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download State: Sill 20     4.   Brief Clear Address     State: Gl Codes here. More Internation on NAICS can be found online.     Sall 20   State: Ri Zir. 02:00 Country: USA     0.   And Street: IOMEMORIAL BLVD, SUITE 901 Coord Street: IOMEMORIAL BLVD, SUITE 901 Courd Street: IDECENALORER <th></th> <th></th> <th></th> <th></th>						
148 W. River Street Providence RI 02904-2615 (401) 222-3040     Limited Liability Company Annual Report     Filing Period: September 1 - November 1     In accordance with RI C.L. 7-18-66(d, each Imited Hability company failing or refusing to file its annual report with mithing (20) days after the time prescribed by law (R.I.G.L. 7- 18-66(b&c)) is subject to a penalty tee of \$25.00.     ANNUAL REPORT YEAR: 2020     1. ID No.   000978279     2. Exact Name of the Limited Liability Company RIBA Ellsworth LLC     3. State of Formation     State: RI     ARTICLE II     Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.     S31120     4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island the list of codes here. More information on NAICS can be found online.     S31120     4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island the list of codes here.     TO HOLD, OWN, LEASE, DEVELOP, IMPROVE, OPERATE, MANAGE, SERVICE, MORTGAGE, ENCUMBER AND SELL REAL PROPERTY.     5. Principal Office Address     No. and Street:   10 MEMORIAL BLVD, SUITE 901 City or Town:     Year of Town:   PROVIDENCE     State: RI   2 pp. 02903   Country:				Fee: \$50.00		
Providence RI 02904-2615 (401) 222-3040     Limited Liability Company Annual Report     Ring Period: September 1 - November 1     In accordance with R1 G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report whith thrity (30) days after the time prescribed by law (R1.G.L. 7- 16-66(bc)) is subject to a penalty fee of \$25.00.     ANNUAL REPORT YEAR: 2020     1. ID No. 000978279     2. Exact Name of the Limited Liability Company RIBA Ellsworth LLC     3. State of Formation State: RI     ARTICLE III     Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.     531120     4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island     TO HOLD, OWN, LEASE, DEVELOP, IMPROVE, OPERATE, MANAGE, SERVICE, MORTGAGE, ENCUMBER AND SELL REAL PROPERTY.     5 Principal Office Address     No. and Street:   10 MEMORIAL BLVD, SUITE 90! City or Town:   State: RI Zip: 02903 Country: USA     6 Mailing Address of Limited Liability Company and Name or Title of Contact Person: 10 MEMORIAL BLVD     Contact Title: OFFICE MANAGER No. and Street:   THE KOFFLER GROUP 10 KORIL BLVD <td colsp<="" td=""><td></td><td></td><td></td><td></td></td>	<td></td> <td></td> <td></td> <td></td>					
(401) 222-3040     Limited Liability Company Filing Period: September 1 - November 1     In accordance with R.I.G.L. 7-6-66(d), each limited liability company failing or refusing to file its annual report within thirty (20) deys after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.     ANNUAL REPORT YEAR: 2020     1. ID No. 000978279     2. Exact Name of the Limited Liability Company RIBA Ellsworth LLC     3. State of Formation State: RI     State: RI     ARTICLE III     Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.     531120     4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island     TO HOLD, OWN, LEASE, DEVELOP, IMPROVE, OPERATE, MANAGE, SERVICE, MORTGAGE, ENCUMBER AND SELL REAL PROPERTY.     5. Principal Office Address     No. and Street:   10 MEMORIAL BLVD, SUITE 901/ City or Town:   State: RI   zip: 02903   Country: USA     6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:     Contact Name: FRANCINE DEPINA Contact Title: OFFICE MANAGER No. and Street:   THE KOFFLER GROUP 10 MEMORIAL BLVD <td< td=""><td></td><td></td><td></td><td></td></td<>						
Limited Liability Company Annual Report     Filing Ferrod: September 1 - November 1     In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c) is subject to a penalty fee of \$25.00.     ANNUAL REPORT VEAR: 2020     1. ID No.   000978279     2. Exact Name of the Limited Liability Company RIBA Ellsworth LLC     3. State of Formation State: RI     ARTICLE III     Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.     531120     4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island     TO HOLD, OWN, LEASE, DEVELOP, IMPROVE, OPERATE, MANAGE, SERVICE, MORTGAGE, ENCUMBER AND SELL REAL PROPERTY.     5. Principal Office Address     No. and Street: 10 MEMORIAL BLVD, SUITE 901 City or Town: PROVIDENCE   State: RI_Zip: 02903_Country: USA     6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: 10 MEMORIAL BLVD   State: RI_Zip: 02903_Country: USA     Contact Name: FRANCINE DEPINA Contact Title: OFFICE MANAGER No. and Street: THE KOFFLER GROUP 10 WEMORIAL BLVD     Ountry: USA     State: RI_Zip: 02903_Country: USA <td< td=""><td>HORE</td><td></td><td></td><td></td></td<>	HORE					
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 000978279 2. Exact Name of the Limited Liability Company <u>RIBA Ellsworth LLC</u> 3. State of Formation State: <u>R</u> ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on <u>NAICS</u> can be found online. <u>531120</u> 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island TO HOLD, OWN, LEASE, DEVELOP, IMPROVE, OPERATE, MANAGE, SERVICE, MORTGAGE, ENCUMBER AND SELL REAL PROPERTY. 5. Principal Office Address No. and Street: <u>10 MEMORIAL BLVD., SUITE 901</u> City or Town: <u>PROVIDENCE</u> State: <u>RI</u> Zip: 02903 Country: <u>USA</u> 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>FRANCINE DEPINA</u> Contact Title: <u>OFFICE MANAGER</u> No. and Street: <u>THE KOFFLER GROUP</u> <u>10 MEMORIAL BLVD</u> City or Town: <u>PROVIDENCE</u> State: <u>RI</u> Zip: 02903 Country: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	Annual Report					
1. ID No.   000978279     2. Exact Name of the Limited Liability Company RIBA Ellsworth LLC     3. State of Formation     State: RI     ARTICLE III     Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.     531120     4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island     TO HOLD, OWN, LEASE, DEVELOP, IMPROVE, OPERATE, MANAGE, SERVICE, MORTGAGE, ENCUMBER AND SELL REAL PROPERTY.     5. Principal Office Address     No. and Street:   10 MEMORIAL BLVD., SUITE 901     City or Town:   PROVIDENCE   State: RI Zip: 02903 Country: USA     6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:     Contact Name: FRANCINE DEPINA Contact Title: OFFICE MANAGER     No. and Street:   THE KOFFLER GROUP     10 MEMORIAL BLVD   State: RI Zip: 02903 Country: USA     Contact Name: FRANCINE DEPINA Contact Title: OFFICE MANAGER     No. and Street:   THE KOFFLER GROUP     10 MEMORIAL BLVD   Country: USA     Contact Name: FRANCINE DEPINA contact Title: OFFICE MANAGER     No. and Street: <td col<="" td=""><td colspan="5">to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-</td></td>	<td colspan="5">to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-</td>	to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-				
2. Exact Name of the Limited Liability Company RIBA Ellsworth LLC     3. State of Formation     State: RI     ARTICLE III     Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.     531120     4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island     TO HOLD, OWN, LEASE, DEVELOP, IMPROVE, OPERATE, MANAGE, SERVICE, MORTGAGE, ENCUMBER AND SELL REAL PROPERTY.     5. Principal Office Address     No. and Street:   10 MEMORIAL BLVD., SUITE 901     City or Town:   PROVIDENCE   State: RI   Zip: 02903   Country: USA     6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:     Contact Name:     THE KOFFLER GROUP   10 MEMORIAL BLVD   OFFICE MANAGER     No. and Street:   THE KOFFLER GROUP   10 MEMORIAL BLVD   Contact Title:   0FFICE MANAGER     No. and Street:   THE KOFFLER GROUP   10 MEMORIAL BLVD   Contact Title:   0FFICE MANAGER     No. and Street:   THE KOFFLER GROUP   10 MEMORIAL BLVD   Country: USA     OT Town:   PROVIDENCE   State: RI	ANNUAL REPORT YEAR: 2020					
3. State of Formation     State: RI     ARTICLE III     Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.     531120     4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island     TO HOLD, OWN, LEASE, DEVELOP, IMPROVE, OPERATE, MANAGE, SERVICE, MORTGAGE, ENCUMBER AND SELL REAL PROPERTY.     5. Principal Office Address     No. and Street:   10 MEMORIAL BLVD., SUITE 901     City or Town:   PROVIDENCE   State: RI   zip: 02903   Country: USA     6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:     Contact Name:     THE KOFFLER GROUP     10 MEMORIAL BLVD     OFFICE MANAGER     No. and Street:     THE KOFFLER GROUP     10 MEMORIAL BLVD     Contact Name:     FRANCINE DEPINA Contact Title:     OFFICE MANAGER     No. and Street:     THE KOFFLER GROUP     10 MEMORIAL BLVD <td colspan<="" td=""><td colspan="5">1. ID No. <u>000978279</u></td></td>	<td colspan="5">1. ID No. <u>000978279</u></td>	1. ID No. <u>000978279</u>				
State: RI     ARTICLE III     Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.     S11120     A Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island     TO HOLD, OWN, LEASE, DEVELOP, IMPROVE, OPERATE, MANAGE, SERVICE, MORTGAGE, ENCUMBER AND SELL REAL PROPERTY.     5. Principal Office Address     No. and Street:   10 MEMORIAL BLVD., SUITE 901     City or Town:   PROVIDENCE   State: RI   Zip: 02903   Country: USA     6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:     Contact Name:     Image: RANCINE DEPINA Contact Title:   OFFICE MANAGER     No. and Street:   THE KOFFLER GROUP     10 MEMORIAL BLVD.   State: RI   Zip: 02903   Country: USA     Contact Name:     Image: RANCINE DEPINA Contact Title:   OFFICE MANAGER     No. and Street:   THE KOFFLER GROUP     It of MEMORIAL BLVD   State: RI   Zip: 02903   Country: USA     State: RI     No. The KOFFLER GROUP   The KOFFLER GROUP </td <td colspan="5">2. Exact Name of the Limited Liability Company <u>RIBA Ellsworth LLC</u></td>	2. Exact Name of the Limited Liability Company <u>RIBA Ellsworth LLC</u>					
ARTICLE III     Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.     531120 <b>4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island</b> TO HOLD, OWN, LEASE, DEVELOP, IMPROVE, OPERATE, MANAGE, SERVICE, MORTGAGE, ENCUMBER AND SELL REAL PROPERTY. <b>5. Principal Office Address</b> No. and Street: 10 MEMORIAL BLVD., SUITE 901     City or Town: PROVIDENCE     OFFICE MANAGER     No. and Street: 10 MEMORIAL BLVD., SUITE 901     Contact Name: FRANCINE DEPINA Contact Title: OFFICE MANAGER     No. and Street: THE KOFFLER GROUP     10 MEMORIAL BLVD     OUTENCE     State: RI Zip: 02903 Country: USA <b>6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:</b> Contact Name: FRANCINE DEPINA Contact Title: OFFICE MANAGER     No. and Street: THE KOFFLER GROUP     10 MEMORIAL BLVD     Contact Name: FRANCINE DEPINA Contact Title: OFFICE MANAGER     No. and Street: THE KOFFLER GROUP     10 MEMORIAL BLVD </td <td colspan="5">3. State of Formation</td>	3. State of Formation					
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.     531120 <b>4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island</b> TO HOLD, OWN, LEASE, DEVELOP, IMPROVE, OPERATE, MANAGE, SERVICE, MORTGAGE, ENCUMBER AND SELL REAL PROPERTY. <b>5. Principal Office Address</b> No. and Street:   10 MEMORIAL BLVD., SUITE 901     City or Town:   PROVIDENCE     OFFICE MANAGER     No. and Street:   10 MEMORIAL BLVD., SUITE 901     City or Town:   PROVIDENCE     State: RI     OFFICE MANAGER     No. and Street:   ITHE KOFFLER GROUP     10 MEMORIAL BLVD   OFFICE MANAGER     No. and Street:   FRANCINE DEPINA Contact Title:     OFFICE MANAGER   OMEMORIAL BLVD     No. and Street:   THE KOFFLER GROUP     10 MEMORIAL BLVD   State: RI   Zip: 02903   Country: USA     Contact Name:     THE KOFFLER GROUP     10 MEMORIAL BLVD   City or Town:   PROVIDENCE   State: RI   Zip: 02903   Country: USA <t< td=""><td colspan="5">State: <u>RI</u></td></t<>	State: <u>RI</u>					
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4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island     TO HOLD, OWN, LEASE, DEVELOP, IMPROVE, OPERATE, MANAGE, SERVICE, MORTGAGE, ENCUMBER AND SELL REAL PROPERTY.     5. Principal Office Address     No. and Street:   10 MEMORIAL BLVD., SUITE 901 City or Town:     PROVIDENCE   State: RI zip: 02903 Country: USA     6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:     Contact Name:   FRANCINE DEPINA Contact Title: OFFICE MANAGER No. and Street:     No. and Street:   THE KOFFLER GROUP 10 MEMORIAL BLVD     City or Town:   PROVIDENCE     State: RI   Zip: 02903     Contact Name:   FRANCINE DEPINA Contact Title: OFFICE MANAGER No. and Street:     THE KOFFLER GROUP 10 MEMORIAL BLVD   Country: USA     City or Town:   PROVIDENCE     State: RI   Zip: 02903     Country: USA   The KOFFLER GROUP 10 MEMORIAL BLVD     City or Town:   PROVIDENCE     State: RI   Zip: 02903     Country: USA   The MEMBERS						
TO HOLD, OWN, LEASE, DEVELOP, IMPROVE, OPERATE, MANAGE, SERVICE, MORTGAGE, ENCUMBER AND SELL REAL PROPERTY.     5. Principal Office Address     No. and Street:   10 MEMORIAL BLVD., SUITE 901     City or Town:   PROVIDENCE     S tate:   RI     Zip:   02903     Country:   USA     6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:     Contact Name:   FRANCINE DEPINA Contact Title:     OFFICE MANAGER     No. and Street:   THE KOFFLER GROUP     10 MEMORIAL BLVD     City or Town:   PROVIDENCE     State:   RI     Zip:   02903     Country:   USA	<u>531120</u>					
MORTGAGE, ENCUMBER AND SELL REAL PROPERTY.     5. Principal Office Address     No. and Street:   10 MEMORIAL BLVD., SUITE 901 PROVIDENCE   State: RI   Zip:   02903   Country: USA     6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:     Contact Name:   FRANCINE DEPINA Contact Title:   OFFICE MANAGER     No. and Street:   THE KOFFLER GROUP 10 MEMORIAL BLVD   State: RI   Zip:   02903   Country: USA     City or Town:   PROVIDENCE   State: RI   Zip:   02903   Country: USA     City or Town:   PROVIDENCE   State: RI   Zip:   02903   Country: USA     THE KOFFLER GROUP 10 MEMORIAL BLVD     City or Town:   PROVIDENCE   State: RI   Zip:   02903   Country: USA     Title Individual Name   Address	4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island					
No. and Street:   10 MEMORIAL BLVD., SUITE 901 PROVIDENCE   State: RI   Zip: 02903   Country: USA     6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:     Contact Name:   FRANCINE DEPINA Contact Title:   OFFICE MANAGER     No. and Street:   THE KOFFLER GROUP 10 MEMORIAL BLVD   OFFICE MANAGER     City or Town:   PROVIDENCE   State: RI   Zip: 02903   Country: USA     The KOFFLER GROUP 10 MEMORIAL BLVD     City or Town:   PROVIDENCE   State: RI   Zip: 02903   Country: USA     Title Individual Name						
City or Town:   PROVIDENCE   State: RI   Zip:   02903   Country: USA     6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:     Contact Name:   FRANCINE DEPINA Contact Title:   OFFICE MANAGER     No. and Street:   THE KOFFLER GROUP 10 MEMORIAL BLVD   OFFICE MANAGER     City or Town:   PROVIDENCE   State: RI   Zip:   02903   Country: USA     Title   Individual Name	5. Principal Office Address					
Contact Name:   FRANCINE DEPINA Contact Title:   OFFICE MANAGER     No. and Street:   THE KOFFLER GROUP 10 MEMORIAL BLVD   State: RI   Zip: 02903   Country: USA     City or Town:   PROVIDENCE   State: RI   Zip: 02903   Country: USA     7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS     Title   Individual Name						
No. and Street:   THE KOFFLER GROUP 10 MEMORIAL BLVD     City or Town:   PROVIDENCE   State: RI   Zip: 02903   Country: USA     7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS   Title   Individual Name   Address	6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:					
IO MEMORIAL BLVD PROVIDENCE   State: RI   Zip: 02903   Country: USA     7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS   Individual Name   Address						
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.     DO NOT LIST MEMBERS     Title   Individual Name	10 MEMORIAL BLVD					
	7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.					
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Title	Individual Name	Address			
		First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country		

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>SCOTT J. SUMMER, STAFF GENERAL COUNSEL</u> <u>LAWYERSCOLLABORATIVE</u> <u>400 RESERVOIR</u> <u>AVE, STE 3A</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02907</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 23 Day of July, 2020 at 1:34:40 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>ANTHONY J. DELUCA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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