



State of Rhode Island  
**Department of State - Business Services Division**

FILED  
 R.I. DEPT. OF STATE TAMP  
 BUS SVCS DIV

Annual Report for the year: 2020  
**Limited Liability Company**

2020 OCT 14 PM 3:14:00

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>690299</b>		2. Exact name of the Limited Liability Company <b>355 BROAD Street, LLC</b>			
3. NAICS Code <b>531390</b>		4. Brief description of the character of business conducted in Rhode Island <b>Other Activities Related to Real Estate</b>			
5. State of Formation <b>R.I</b>					
6. Principal Office Address <b>21 Greenwood Lane</b>			City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>GREGORY J. Costantino</b>			Contact Title		
Street Address <b>21 Greenwood Lane</b>			City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>GREGORY J. Costantino</b>			Manager Name		
Street Address <b>21 Greenwood Lane</b>			Street Address		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	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. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person <b>GREGORY J. Costantino</b>				Date <b>October 10, 2020</b>	
Signature of Authorized Person 					

**FILED**

**OCT 14 2020**

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**3:14**

**MAIL TO:**  
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