STARP

Annual Report for the year: _ **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.

1 Entity ID Number	In Eventors	an of the Limited Li	and the Comment		2	
000998160	2. Exact name of the Limited Liability Company					
	Angell Street Holdings LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531390	OWNS REAL ESTATE					
5 State of Formation	1					
New York						
6. Principal Office Address			City	State	Zip	
c/o Balfour LLC, 110 EAST 59T	H STREET 33	RD FLOOR	New York	NY	10022	
7. Mailing Address of Limited Lia	bility Compan	y and Name or Titl	e of Contact Person			
Contact Name Rory Rig	gs		Contact Title			
Street Address 110 EAST 59TH S	U	•	City New York	State NY	Zip 10022	
8. List ALL managers (names ar	nd addresses)	of the Limited Liab	oility Company, IF APPLICA	BLE - DO NOT LIST N	REMBERS	
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	
	<u>*</u> _	_		Check the box to in	ndicate an attachment	
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
Under penalty of perjury, I dec statements, and that all staten				ng any accompanying	g schedules and	
Name of Authorized Person				Date	Date	
Rory Riggs				10/30/20	10/30/2020	
Signature of Authorized Person				1		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov