Annual Report for the year:				FILED	
→ Filing Fee: \$50	eptember 1 - Novemb		ecember 1.	NOV 182	020
Entity ID Number 2 Exact name of the Limited			d Liability Company		$\mathcal{X}$
520458 27 Broadcommon LLC					
531110 5. State of Formation RI		manage property			
6 Principal Office Address			City	State	Zip
35 Prospect Street					
35 Prospect Street			Bristol	RI	02809
· · · · · · · · · · · · · · · · · · ·	Limited Liability Compa	ny and Name or		RI	
7. Mailing Address of		ny and Name or		RI	
7. Mailing Address of Contact Name Gardine	er Bowen	ny and Name or	Title of Contact Person	RI State RI	
7. Mailing Address of Contact Name Gardine Street Address 5 Pros	or Bowen		Title of Contact Person  Contact Title Member	State RI	02809 Zip 02809
7. Mailing Address of Contact Name Gardine Street Address 5 Pros	or Bowen		Title of Contact Person  Contact Title Member  City Bristol	State RI	02809 Zip 02809
7. Mailing Address of Contact Name Gardine Street Address 5 Prost	or Bowen		Title of Contact Person  Contact Title Member  City Bristol  Liability Company, IF APPLIC	State RI	02809 Zip 02809
7. Mailing Address of Contact Name Gardine Street Address 5 Prospective Address 5 Prospective ALL managers Manager Name None	or Bowen		Title of Contact Person  Contact Title Member  City Bristol  Liability Company, IF APPLIC  Manager Name None	State RI	02809 Zip 02809
7. Mailing Address of Contact Name Gardine Gardine Street Address 5 Prosponsition 1 Prosponsit	er Bowen  Dect Street  s (names and addresses	s) of the Limited	Title of Contact Person  Contact Title Member  City Bristol  Liability Company, IF APPLIC  Manager Name None  Street Address	State RI CABLE - DO NOT LIST	02809   Zip   02809   MEMBERS
7. Mailing Address of Contact Name Gardine Street Address 5 Prost B. List ALL managers Manager Name None Street Address	er Bowen  Dect Street  s (names and addresses	s) of the Limited	Title of Contact Person  Contact Title Member  City Bristol  Liability Company, IF APPLIC  Manager Name None  Street Address  City	State RI CABLE - DO NOT LIST	02809   Zip   02809   MEMBERS
7. Mailing Address of Contact Name Gardine Gardine Gardine Gardine Street Address 5 Prosponsible Street Address None Street Address City	er Bowen  Dect Street  s (names and addresses	s) of the Limited	Title of Contact Person  Contact Title Member  City Bristol  Liability Company, IF APPLIC  Manager Name None  Street Address  City  Manager Name None	State RI CABLE - DO NOT LIST	02809   Zip   02809   MEMBERS

MAIL TO:

**Division of Business Services** 

Name of Authorized Person

Signature of Authorized Person

Gardiner Bowen

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

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