



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
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 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 YEAR:** 2021

**1. ID No.** 000522496

**2. Exact Name of the Limited Liability Company** 285 CENTRAL AVENUE, 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 OPERATE, DEVELOP, FINANCE, ACQUIRE AND MANAGE REAL ESTATE DIRECTLY  
AND  
INDIRECTLY

**5. Principal Office Address**

No. and Street: 404 WYMAN STREET

City or Town: WALTHAM

State: MA

Zip: 02451

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: JOSHUA HILL Contact Title: MANAGER

No. and Street: C/O HOBBS BROOK REAL ESTATE LLC

404 WYMAN STREET, SUITE 425

City or Town: WALTHAM

State: MA Zip: 02451 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

MANAGER	SAMUEL M. SCHAEFER	404 WYMAN STREET WALTHAM, MA 02451 USA
MANAGER	JOSHUA HILL	404 WYMAN STREET WALTHAM, MA 02451 USA
MANAGER	MATTHEW DONAGHEY	404 WYMAN STREET WALTHAM, MA 02451 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 9 Day of August, 2021 at 1:01:29 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 JOSHUA HILL  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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