State of Rhode Island
Department of State - Business Services Division

FILED
AUG 23 2021
BY

Annual Report for the year: 2021
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	2. Exact name of the Limited Liability Company
000131870	BRANCH AVENUE ASSOCIATES LLC
3. NAICS Code: 531310	4. Brief description of the character of business conducted in Rhode Island: ACQUIRE, OWN, HOLD, MAINTAIN AND OTHERWISE DEAL WITH ITS OWNERSHIP INTEREST IN BRANCH AVENUE PLAZA, LLC, A RHODE ISLAND LIMITED LIABILITY COMPANY
5. State of Formation: RI	

6. Principal Office Address	City	State	Zip
195 NORTH STREET SUITE 100	TETERBORO	NJ	07608

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
NORMAN FEINSTEIN	MANAGER		
Street Address 83 SOUTH STREET	**City** MORRISTOWN	**State** NJ	**Zip** 07960

8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name	Manager Name
CT CORPORATION SYSTEM	
Street Address 450 VETERANS MEMORIAL PKWY-STE7A	**Street Address**
City EAST PROVIDENCE **State** RI **Zip** 02914	**City** **State** **Zip**
Manager Name	**Manager Name**
Street Address	**Street Address**
City **State** **Zip**	**City** **State** **Zip**

Check the box to indicate 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 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.

Name of Authorized Person	Date
NORMAN FEINSTEIN	8/20/21
Signature of Authorized Person	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 632 - Revised: 08/2020