State of Rhode Island
Department of State - Business Services Division

FILED
AUG 23 2021
BY 2550 QS

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 000131870	2. Exact name of the Limited Liability Company 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 195 NORTH STREET SUITE 100	City TETERBORO	State NJ	Zip 07608
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name NORMAN FEINSTEIN	Contact Title 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 CT CORPORATION SYSTEM	Manager Name		
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 NORMAN FEINSTEIN	Date 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