

## **Department of State - Business Services Division**

2021 NOV 30 AM 9: 25

**S**T/...

Annual Report for the year:  $\frac{2021}{}$ **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.

	,					
Entity ID Number	2. Exact name of the Limited Liability Company					
75048	Blackstone Centre Medical Building Associates, LLC.					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
750480	OWNERSHIP, DEVELOPMENT AND LEASING OF REAL PROPERTY					
5. State of Formation	1				·	
RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
6 BLACKSTONE VALLEY PLACE, SUITE 401			LINCOLN	RI	02865	
7. Mailing Address of Limited Lia	ability Compa	any and Name or T	itle of Contact Person	·	•	
Contact Name HENRY J. KEIGWI			Contact Title			
Street Address 6 BLACKSTONE VALLEY PLACE, SUITE			City LINCOLN	State RI	Zip 02865	
8. List ALL managers (names a	nd addresse:	s) of the Limited Li	ability Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS	
Manager Name NONE			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
	1.		<b>t</b>	Check the box to i	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 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		
HENRY J. KEIGWIN				/1-/	11-12-2021	
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