



**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: February 1 - May 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 - ENTER THE CURRENT FILING YEAR **2023**:** 2023

**1. ID No.** 001670409

**2. Exact Name of the Limited Liability Company** 78 Fountain Promote LLC

**3. State of Formation**

State: DE

**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.

531210

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

THE PURPOSES OF THE COMPANY ARE TO DIRECTLY OR INDIRECTLY ACQUIRE, OWN, OPERATE, SUBDIVIDE, FIANANCE, REDEVELOP, IMPROVE, LEASE, SELL AND OTHERWISE DEAL WITH THE REAL PROPERTY AND ANY INTEREST THEREIN AND TO TAKE ANY AND ALL ACTIONS AS MAY BE NECESSARY OR APPROPRIATE IN ORDER TO MAXIMUM THE VALUE THEREOF, AND TO DO ANY AND ALL OTHER ACTS OR THINGS THAT MAY BE NECESSARY, APPROPRIATE, PROPER, ADVISABLE, INCIDENTAL TO OR CONVENIENT FOR THE FURTHERANCE AND ACCOMPLISHMENT OF SUCH PURPOSES.

**5. Principal Office Address**

No. and Street: 71 THIRD AVENUE

City or Town: BURLINGTON

State: MA

Zip: 01803

Country: USA

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

Contact Name:      Contact Title:

No. and Street:      71 THIRD AVENUE

City or Town:      BURLINGTON      State: MA      Zip: 01803      Country: USA

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

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

**Signed this 27 Day of April, 2023 at 6:40:46 AM 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 OGDEN HUNNEWELL

Signature of Authorized Person

Form No. 632  
Revised 09/07

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