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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018 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.

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1. Entity ID Number 520268	2. Exact name of the Limited Liability Company 501 Lessee Manager, LLC					
3. NAICS Code 31890′ 53/390	Brief description of the character of business conducted in Rhode Island Real estate development, investment, management & holding					
5. State of Formation Rhode Island						
6. Principal Office Address 521 Roosevelt Ave			City Central Falls	State RI	Zip 02863	
7. Mailing Address of Limited Lia	bility Compar	ny and Name or T	itle of Contact Person			
Contact Name Louis Yip			Contact Title Member			
Street Address 521 Roosevelt Ave			City Central Falls	State RI	^{Zip} 02863	
8. List ALL managers (names a	nd addresses) of the Limited Li	ability Company, IF APPLICAB	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
	l		i	Check the box to	indicate an attachment	
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
Under penalty of perjury, I dec statements, and that all stater				g any accompanyin	g schedules and	
Name of Authorized Person				Date		
Louis Yip				9/26/2018		
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 FILED

SEP 27 2018