

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000003416

**Entity Name:** THE INDUSTRIAL FUND RUSKIN LLC

**Current Principal Place of Business:**

TWO NEWTON PLACE  
255 WASHINGTON ST, STE. 300  
NEWTON, MA 02458

**Current Mailing Address:**

TWO NEWTON PLACE  
255 WASHINGTON ST, STE. 300  
NEWTON, MA 02458 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name PORTNOY, ADAM D  
Address TWO NEWTON PLACE  
255 WASHINGTON ST, STE. 300  
City-State-Zip: NEWTON MA 02458

Title MGR, P, CEO  
Name MURRAY, JOHN G  
Address TWO NEWTON PLACE  
255 WASHINGTON ST, STE. 300  
City-State-Zip: NEWTON MA 02458

Title CFO, T  
Name SIEDEL, RICHARD W JR.  
Address TWO NEWTON PLACE  
255 WASHINGTON ST, STE. 300  
City-State-Zip: NEWTON MA 02458

Title S  
Name CLARK, JENNIFER B  
Address TWO NEWTON PLACE  
255 WASHINGTON ST, STE. 300  
City-State-Zip: NEWTON MA 02458

Title ASST. SECRETARY  
Name ANDERSON, JACQUELYN S  
Address TWO NEWTON PLACE  
255 WASHINGTON ST, STE. 300  
City-State-Zip: NEWTON MA 02458

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: RICHARD W SIEDEL JR**

**TREASURER**

**04/29/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date