	State of Rhode Office of the Secreta		Fee: \$50.
	Division Of Business	Services	
	148 W. River St		
	Providence RI 0290 (401) 222-304		
HOPE	(+01) 222-30-	-0	
imited Liability C	ompany		
Annual Report	er 1 - November 1		
		ony failing or refusi	ing
	G.L. 7-16-66(d), each limited liability comp within thirty (30) days after the time presc		
6-66(b&c)) is subject t	o a penalty fee of \$25.00.		
ANNUAL REPORT YE	AR: <u>2020</u>		
1. ID No. <u>001685</u>	<u>5325</u>		
2. Exact Name of the	e Limited Liability Company 474 Wee	den St, LLC	
3. State of Formatio	n		
State: RI			
Enter the six digit NAI	ARTICLE III CS Code that best describes the primary More information on NAICS can be found		l by the entity. Download
Enter the six digit NAI			l by the entity. Download
Enter the six digit NAI the list of codes <u>here.</u> <u>531390</u>	CS Code that best describes the primary	online.	
Enter the six digit NAI the list of codes <u>here.</u> <u>531390</u> <b>4. Brief Description c</b>	CS Code that best describes the primary More information on <u>NAICS</u> can be found	online.	
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

KEITH FERNANDES 53 DOYLE AVENUE PROVIDENCE, RI 02906

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

**Signed this 30 Day of October, 2020 at 8:53:49 PM 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 <u>KEITH FERNANDES</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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