

Annual Report for the year: 2019

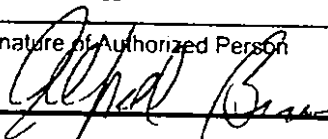
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

2021 FEB 18 AM 9:15
RI DEPT OF STATE
BUS SVCS DIV

1. Entity ID Number 1665949		2. Exact name of the Limited Liability Company 24 LINDEN LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
5. State of Formation RI					
6. Principal Office Address 24 LINDEN STREET		City PROVIDENCE		State RI	Zip 02907
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ALFRED BASS			Contact Title		
Street Address 24 LINDEN ST		City PROVIDENCE		State RI	Zip 02907
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - 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	Zip	City	State	Zip
Check the box to indicate 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 ALFRED BASS				Date 2/11/21	
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

MAR 23 2021

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H.R. 85D

FORM 632 - Revised 08/2020

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RI DEPT OF STATE
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