State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Limited Liability Company

Filing period: September 1 - November 1
Filing Fee: \$50.00

RI SOS Filing Number: 202199182310 Date: 7/8/2021 4:00:00 PM

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

| 1. Entity ID Number 00119631  | 2. Exact name of the Limited Liability Company 65 New Road, LLC  |                                     |   |                     |                       |
|---|--|-------------------------------------|---|---------------------|-----------------------|
| 3. NAICS Code<br>532390   | Brief description of the character of business conducted in Rhode Island     To own, operate, manage, buy/sell real estate |                                     |   |                     |                       |
| 5. State of Formation<br>RI   |  |                                     |   |                     |                       |
| 6. Principal Office Address   |  |                                     | City  | State               | Zip                   |
| 20 William Street Suite 130   |  |                                     | Wellesley                                     | MA                  | 02481                 |
| 7. Mailing Address of Limited Lia   | bility Company   | and Name or Tit                     | tle of Contact Person                         |                     |                       |
| Contact Name Stephen N. Wilchins  |  |                                     | Contact Title Manager, MIBO Investments, LLC  |                     |                       |
| Street Address 20 William Street Suite 130  |  |                                     | City Wellesley                                | State MA            | <sup>Zip</sup> 02481  |
| 8. List ALL managers (names a   |  | f the Limited Lia                   | bility Company, IF APPLICA                    | BLE - DO NOT LIST N | AEMBER\$              |
| Manager Name Stephen N. Wilchins  |  |                                     | Manager Name                                  |                     |                       |
| Street Address 20 William Street Suite 130  |  |                                     | Street Address                                |                     |                       |
| City Wellesley  | State MA   | <sup>Zlp</sup> 02481                | City  | State               | Zip                   |
| Manager Name  |  |                                     | Manager Name                                  |                     |                       |
| Street Address  |  |                                     | Street Address                                |                     |                       |
| City  | State  | Zip                                 | City  | State               | Zip                   |
|   | <u> </u>   | <u> </u>                            |   | Check the box to in | ndicate 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 dec<br>statements, and that all staten  | jare and affirm<br>nents contained   | that I have exa<br>d herein are tru | mined this report, includir<br>e and correct. | ng any accompanying | schedules and         |
| Name of Authorized Person Stephen N. Wilchins   |  |                                     |   | Date 6              | 120/2021              |
| Signature of Authorized Person  |  |                                     |   |                     |                       |
|   | //   |                                     | · · · · · · · · · · · · · · · · · · ·         |                     |                       |

MAIL TO:

Division of Business Services

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