	State of Rhode Office of the Secreta		Fee: \$50.00	
	Division Of Business 148 W. River St	reet		
HOPE	Providence RI 0290 (401) 222-304			
Limited Liability Com Annual Report Filing Period: September 1				
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2021</u>			
1. ID No. <u>000796283</u>	3			
2. Exact Name of the Li	mited Liability Company <u>2345 MI</u>	ENDON ROAD, LLC		
3. State of Formation				
State: <u>RI</u>				
	ARTICLE III			
-	Code that best describes the primary e information on <u>NAICS</u> can be found	-	tity. Download	
	e Character of the Business Which	is Actually Conducted in R	hode Island	
<u>REAL ESTATE</u>				
5. Principal Office Addre	SS			
No. and Street: <u>2345 MENDON ROAD</u>				
City or Town: WO	ONSOCKET State	: <u>RI</u> Zip: <u>02895</u> Cou	ntry: <u>USA</u>	
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:		
Contact Name: WILLIAM	1 FREITAS Contact Title:			
	<u>5 MENDON RD</u> <u>ONSOCKET</u>	<u>I</u> Zip: <u>02895</u> Cour	ntry: <u>USA</u>	
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liab RS	ility Company, if Applicable	9.	
Title	Individual Name	Address		
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	o Code, Country	
MANAGER	WILLIAM FREITAS	2345 MENDON WOONSOCKET, RI 028		
MANAGER	BRIAN KILEY	2345 MENDON	ROAD	

		WOONSOCKET, RI 02895 USA		
MANAGER	MICHAEL ALLAN	2345 MENDON ROAD WOONSOCKET, RI 02895 USA		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
WILLIAM FREITAS 2345 MENDON ROAD WOONSOCKET, RI 02895				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				
Signed this 25 Day of August, 2021 at 11:24:24 AM 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>WILLIAM FREITAS</u> Signature of Authorized Person				
Form No. 632 Revised 09/07				
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