



State of Rhode Island  
**Department of State - Business Services Division**

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
**STAMP**  
 2021 NOV - 1 AM 8:39

**Annual Report for the year: 2021**  
**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.

|                                                                                                                                                                                                             |       |                                                                                                    |                      |                   |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------|----------------------|-------------------|--------------|
| 1. Entity ID Number<br><b>001675664</b>                                                                                                                                                                     |       | 2. Exact name of the Limited Liability Company<br><b>235 Lonsdale Ave., LLC</b>                    |                      |                   |              |
| 3. NAICS Code<br>531110                                                                                                                                                                                     |       | 4. Brief description of the character of business conducted in Rhode Island<br>To Hold Real Estate |                      |                   |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                       |       |                                                                                                    |                      |                   |              |
| 6. Principal Office Address<br>16 Heritage Drive                                                                                                                                                            |       |                                                                                                    | City<br>Lincoln      | State<br>RI       | Zip<br>02865 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                    |                      |                   |              |
| Contact Name Marie Issa                                                                                                                                                                                     |       |                                                                                                    | Contact Title Member |                   |              |
| Street Address 19 Heritage Drive                                                                                                                                                                            |       |                                                                                                    | City Lincoln         | State RI          | Zip 02865    |
| 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 <input type="checkbox"/>                                                                                                                                            |       |                                                                                                    |                      |                   |              |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |       |                                                                                                    |                      |                   |              |
| <b>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.</b> |       |                                                                                                    |                      |                   |              |
| Name of Authorized Person<br>Marie Issa                                                                                                                                                                     |       |                                                                                                    |                      | Date<br>9/30/2021 |              |
| Signature of Authorized Person<br><i>Marie Issa</i>                                                                                                                                                         |       |                                                                                                    |                      |                   |              |

**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**  
 NOV 01 2021  
*BY [Signature] HX660*  
 FORM 632 - Revised: 08/2020  
 8:39