



State of Rhode Island

Department of State - Business Services Division

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.

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|--------------|
| 1. Entity ID Number<br><b>164551</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>Four Boys, LLC</b>                                                |                         |                         |              |
| 3. NAICS Code<br>531390                                                                                                                                                                                     |       | 4. Brief description of the character of business conducted in Rhode Island<br>Manage, acquire and develop real estate |                         |                         |              |
| 5. State of Formation<br>RI                                                                                                                                                                                 |       |                                                                                                                        |                         |                         |              |
| 6. Principal Office Address<br>17 Franklin Street                                                                                                                                                           |       |                                                                                                                        | City<br>Warren          | State<br>RI             | Zip<br>02885 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                        |                         |                         |              |
| Contact Name<br>Steven Weinberg                                                                                                                                                                             |       |                                                                                                                        | Contact Title<br>Member |                         |              |
| Street Address<br>17 Franklin Street                                                                                                                                                                        |       |                                                                                                                        | City<br>Warren          | State<br>RI             | Zip<br>02885 |
| 8. List <b>ALL</b> managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - <b>DO NOT LIST MEMBERS</b>                                                                              |       |                                                                                                                        |                         |                         |              |
| 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                                                                          |       |                                                                                                                        |                         |                         |              |
| <i>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.</i> |       |                                                                                                                        |                         |                         |              |
| Name of Authorized Person<br><i>Steven Weinberg</i>                                                                                                                                                         |       |                                                                                                                        |                         | Date<br><i>10-24-21</i> |              |
| Signature of Authorized Person<br><i>[Signature]</i>                                                                                                                                                        |       |                                                                                                                        |                         |                         |              |

## MAIL TO:

Division of Business Services

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