RI SOS Filing Number: 202107550370 Date: 12/30/2021 4:00:00 PM

| State of Rhode Island Department of S | tate - Business Servic | es Division | _ | |
|--|---|---|-----------------|-----------------------|
| | | | | STAMP |
| Annual Report for the y Limited Liability Compa → Filing period: February 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 | iny - May 1 | | | 2024 CRETATE OF STATE |
| 1. Entity ID Number | 2. Exact name of the Limited | Liability Company | | * / |
| 1697987 | ETONEMKEE LLC | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | |
| 531120 5. State of Formation | Dealing in | Residential, Con | ALGORANN | s and pup |
| 6. Principal Office Address | · | City | State | Zip |
| clo CONECO 4 FIRST ST | | BC1065WATES | 2 44 | 02324 |
| 7. Mailing Address of Limited Lia | | | <u> </u> | |
| Contact Name COBURT KINCOW | | Contact Title MANAGUY | | |
| Street Address | | City | State | Zîp |
| clo convers 4 | | BRIOGEWATER | MA | 02324 |
| | | RI Department of State is accurate | <u> </u> | |
| Under penalty of perjury, I dec statements, and that all staten | | amined this report, including ar ue and correct. | ny accompanyinį | g schedules and |
| Name of Authorized Person | | | Date | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

Signature of Authorized Person