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Department of State - Business Services Division

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→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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2023 JMI 20 P 1: 33

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001719338	Choice Port LC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
551112	Real and personal property investments			
5. State of Formation		,		
Rhode Island				
6. Principal Office Address		City	State	Zip
8 Authory Drive		North Kingstown	RI	02852
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name John Tackman		Contact Title Manager		
Street Address Anthony Drive		Abotating stown	State 2_1	Zip 02852
8. 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 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.				
Name of Authorized Person			Date	
John Vackingi				
Signature of Authorized Person				
The All				

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 20 2023 BYMD V \$ 1308