

Annual Report for the year: $\frac{2023}{}$ **Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

| FILED | 5 , | | | |
|-------------|------------|--|--|--|
| JAN 26 2023 | | | | |
| BY 19 | 13 | | | |
| | <u> </u> | | | |

| 1. Entity ID Number 001658437 | Exact name of the Limited Liability Company 1085 Waterman Avenue, LLC | | | | |
|---|---|---------------------------------|-------------------|----------------------|--|
| 3. NAICS Code 53 110 5. State of Formation Rhode Island | 4. Brief description of the character Real Estate and Rental | ter of business conducted in R | hode Island | | |
| 6. Principal Office Address | | City | State | Zip | |
| 60 Colvin Street Box 35 | · | | RI | 02831 | |
| 7. Mailing Address of Limited Lia | bility Company and Name or Title | of Contact Person | | 1 | |
| Contact Name Anthony D. Alt | trui | Contact Title Manager | | | |
| Street Address 60 Colvin Street Box 357 | | City Hope | State RI | ^{Zip} 02831 | |
| 8. The Resident Agent information | on currently of record with the RI C | Department of State is accurate | . Changes require | e filing Form 642. | |
| | lare and affirm that I have exam nents contained herein are true | | ny accompanyin | g schedules and | |
| Name of Authorized Person | | | Date | | |
| Anthony D. Altrui | | | 1/23/2023 | | |
| Signature of Authorized Person | Milliony > C | Strum | • | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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