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Department of State - Business Services Division

Annual Report for the year: 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.

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BY__

1. Entity ID Number	2. Exact name of the Limit	led Liability Company				
910218		38-40 Fiume Street 1\(\(\)				
3. NAICS Code 53 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	4. Brief description of the	4. Brief description of the character of business conducted in Rhode Island To engage in the acquistion, management, operation and sale of Real Estate				
Rhode Island						
Principal Office Address		City	State	Zip		
36 Fiume Street		West Warwick	RI	02893		
7. Mailing Address of Limit	ed Liability Company and Name of	or Title of Contact Person	1			
Contact Name Jeffrey Joaquin		Contact Title Member	Contact Title Member			
Street Address 36 Fiume Street		City West Warwick	State RI	^{Zıp} 02893		
8. The Resident Agent info	ormation currently of record with the	ne RI Department of State is accurate	e. Changes requir	e filing Form 642.		
	, I declare and affirm that I have statements contained herein are	examined this report, including a	ny accompanyin	g schedules and		
	Name of Authorized Person			Date		
	n		l nate			

MAIL TO:

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

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