



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2022  
**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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|   |  |  |                    |
|---|--|--|--------------------|
| 1. Entity ID Number<br><b>001704793</b>   |  | 2. Exact name of the Limited Liability Company<br><b>274 ORMS, LLC</b>   |                    |
| 3. NAICS Code<br><b>531110</b>  |  | 4. Brief description of the character of business conducted in Rhode Island.<br><b>OWNING, IMPROVING, LEASING REAL ESTATE.</b> |                    |
| 5. State of Formation<br><b>RI</b>  |  |  |                    |
| 6. Principal Office Address<br><b>274 ORMS ST.</b>  |  | City<br><b>PROVIDENCE</b>  | State<br><b>RI</b> |
|   |  | Zip<br><b>02908</b>  |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |                    |
| Contact Name<br><b>RANDY DEFEX</b>  |  | Contact Title<br><b>MEMBER</b>   |                    |
| Street Address<br><b>274 ORMS ST.</b>   |  | City<br><b>PROVIDENCE</b>  | State<br><b>RI</b> |
|   |  | Zip<br><b>02908</b>  |                    |
| 8. 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><b>RANDY DEFEX</b>   |  | Date<br><b>2/9/2023</b>  |                    |
| Signature of Authorized Person<br>  |  |  |                    |

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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