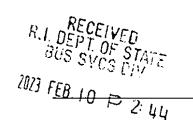


## **Department of State - Business Services Division**

## 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.



1. Entity ID Number 1726604	Exact name of the Limited Liability Company     The state of the Limited Liability Company     The state of the Limited Liability Company			
3. NAICS Code 531390	4. Brief description of the character of business conducted in Rhode Island Purchase, hold, develop, improve, and rent real estate.			
5. State of Formation RI				
6. Principal Office Address 29 Shawomet Avenue		City Warwick	State RI	Zip 02889
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person	•	•
Contact Name William P. Mahoney		Contact Title Manager		
Street Address 29 Shawomet Avenue		Cily Warwick	State RI	<sup>Zip</sup> 02889
8. The Resident Agent Infor	mation currently of record with t	he RI Department of State is acc	urate. Changes require	e filing Form 642.
	declare and affirm that I have atements contained herein a	e examined this report, includii re true and correct.	ng any accompanyin	g schedules and
Name of Authorized Person William P. Mahoney, Manager			Date 1/25/2023	
Signature of Authorized Per	Mahoney	Manager		

FILED

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 1 9 2023 BY 1033 2:44