	State of Rhode Island  Department of State - Business Services Divisio
COXI.	

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.

1, Entity ID Number 000082391		2. Exact name of the Limited Liability Company The Meadows Apartments, LLC			
3. NAICS Code 53110	4. Brief description of the Apartment Rentals	4. Brief description of the character of business conducted in Rhode Island Apartment Rentals			
5. State of Formation RI					
6. Principal Office Address		City	State	Zip	
1580 Wampanoag Trail, #2	00E	Barrington	RI	02806	
7. Mailing Address of Limite	ed Liability Company and Name	or Title of Contact Person	1		
Contact Name John F. Cuzzone, III		Contact Title Operating Manager			
Street Address 12 Pine Cone	Dr.	City Barrington	State RI	Zip 02806	
8. The Resident Agent info	mation currently of record with the	he RI Department of State is acci	urate. Changes requir	e filing Form 642.	
	I declare and affirm that I have tatements contained herein an	examined this report, includir e true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Persor	)		Date		
John F. Cuzzone, III			2/10/2023		
Signature of Authorized Pe	son	, , <u>, , , , , , , , , , , , , , , , , </u>			

MAIL TO:

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