

Department of State - Business Services Division

STAMP

Annual Report for the year: $\frac{2023}{}$

Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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FEB 27 2023

| -> Penalty: Additional \$25 | i.00 fee if form is not filed by M | lov 21 | \ | ·· | |
|---|--|------------------------------|--------------------|----------------------|--|
| | | | BY_ | HM. | |
| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
| 163221 | Broden Holdings, LLC | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | |
| 531390 | Real Estate | | | | |
| 5. State of Formation | | | | | |
| RI | | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 122 Touro Street | | Newport | RI | 02840 | |
| | Liability Company and Name or | Title of Contact Person | • | | |
| Contact Name J. Russell Jackson | | Contact Title Resident Agent | | | |
| Street Address 122 Touro Street | | ^{City} Newport | State RI | ^{Zip} 02840 | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | |
| | declare and affirm that I have tements contained herein are | | ng any accompanyin | g schedules and | |
| Name of Authorized Person | | | Date | | |
| Allan Dennis | | | 2-13-23 | | |
| Signature of Authorized Person | | | | | |

MAIL TO:

Division of Business Services

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