

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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Entity ID Number	2. Exact name of the Limited Liability Company				
1735806	133 Fordson LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531390	Real Estate	Real Estate			
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
122 Touro Street		Newport	RI	02840	
7. Mailing Address of Limite	ed Liability Company and Nam	ne or Title of Contact Person	<u>+</u>	<del> </del>	
Contact Name Michael W. Miller		Contact Title Resident Agent			
Street Address 122 Touro Street		<sup>City</sup> Newport	State RI	<sup>Zip</sup> 02840	
8. The Resident Agent infor	mation currently of record with	h the RI Department of State is acci	rate. Changes requir	e filing Form 642.	
Under penalty of perjury, statements, and that all s	I declare and affirm that I hat tatements contained herein	ave examined this report, includir are true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person			Date		
PATRICIA STUCKORT			05/10	02/10/2023	
Signature of Authorized Per	son )-Circ				

## MAIL TO:

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

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