



State of Rhode Island

## 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.

PAID 2/21/23  
CHECK # 2470  
AMOUNT \$0.00

STAMP

FEB 27 2023

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|   |  |   |                             |
|---|--|---|-----------------------------|
| 1. Entity ID Number<br>000159774  |  | 2. Exact name of the Limited Liability Company<br>Staniford Realty East, LLC  |                             |
| 3. NAICS Code<br>531110   |  | 4. Brief description of the character of business conducted in Rhode Island<br>To own, improve, operate, develop, lease and sell property |                             |
| 5. State of Formation<br>Rhode Island   |  |   |                             |
| 6. Principal Office Address<br>33 Staniford Street  |  | City<br>Providence  | State<br>RI<br>Zip<br>02905 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |   |                             |
| Contact Name<br>Paul A. Akerman, M.D.   |  | Contact Title<br>Member   |                             |
| Street Address<br>33 Staniford Street   |  | City<br>Providence  | State<br>RI<br>Zip<br>02905 |
| 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>Paul A. Akerman, M.D.  |  | Date<br>02/15/23  |                             |
| Signature of Authorized Person<br>  |  |   |                             |

## MAIL TO:

Division of Business Services

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