Ctata of Dho	de Island Fee: \$50.00
State of Rho Office of the Sect	
Division Of Busi	ness Services
148 W. Rive	
Providence RI (	
<b>1636</b> (401) 222-3040	
Limited Liability Company	
Annual Report Filing Period: February 1 - May 1	
In accordance with R.I.G.L. 7-16-66(d), each limited liab	ility company failing or
refusing to file its annual report within thirty (30) days after the time prescribed by	
law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR: 2023	
1. ID No. <u>001696299</u>	
2. Exact Name of the Limited Liability Company NC Red Beam LLC	
3. State of Formation	
State: <u>DE</u>	
ARTICLE III	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>531190</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
REAL ESTATE OWNERSHIP AND INVESTMENT	
5. Principal Office Address	
No. and Street: <u>160 GREENTREE DRIVE, SUITE 101</u>	
C/O NATIONAL REGISTERED AGENTS,	
INC.	
City or Town: <u>DOVER</u>	State: <u>DE</u> Zip: <u>19904</u> Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: Contact Title:	
No. and Street: 625 MOUNT AUBURN STREET	
City or Town: CAMBRIDGE	State: MA Zip: 02138 Country: USA

## 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 1 Day of March, 2023 at 2:24:30 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By BRIAN ANTONELLIS

Signature of Authorized Person

Form No. 632 Revised 09/07

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