	01010	of Rhode Islan he Secretary of	•-	Fee: \$50.00
	Division	Of Business Serv	ices	
	148	W. River Street		
	Provide	ence RI 02904-26	15	
1636	(4	01) 222-3040		
Limited Liability Annual Report Filing Period: Febr	uary 1 - May 1			
refusing to file its a	R.I.G.L. 7-16-66(d), each limite annual report within thirty (30) c &c)) is subject to a penalty fee	days after the time		law
ANNUAL REPORT	YEAR: <u>2023</u>			
1. ID No. <u>000</u> 4	488461			
2. Exact Name of	f the Limited Liability Company	y <u>PETER T. EUI</u>	DENBACH, LL	<u>C</u>
3. State of Forma	ation			
State: <u>RI</u>				
	А			
-	NAICS Code that best describe of codes <u>here.</u> More informatio			-
<u>531311</u>				
4. Brief Description	on of the Character of the Bus	iness Which is A	ctually Conduct	ted in Rhode Island
ACQUIRING, B	UYING, LEASING AND SEL	LING REAL ES	<u>TATE</u>	
5. Principal Offic	e Address			
5. Principal Offic No. and Street:	e Address <u>416 GIBBS AVENUE</u>			
-		State: <u>RI</u>	Zip: <u>02840</u>	Country: <u>USA</u>
No. and Street: City or Town:	416 GIBBS AVENUE			
No. and Street: City or Town:	416 GIBBS AVENUE NEWPORT ss of Limited Liability Company			
No. and Street: City or Town: 6. Mailing Addres Contact Name: C No. and Street: <u>9</u>	416 GIBBS AVENUE NEWPORT ss of Limited Liability Company Contact Title: 31 JEFFERSON BOULEVA	y and Name or Ti	le of Contact Po	erson:
No. and Street: City or Town: 6. Mailing Addres Contact Name: C No. and Street: <u>9</u>	416 GIBBS AVENUE NEWPORT as of Limited Liability Company Contact Title:	y and Name or Ti	le of Contact Po	
No. and Street: City or Town: 6. Mailing Addres Contact Name: C No. and Street: 93 City or Town: W 7. RESIDENT AGE	416 GIBBS AVENUE NEWPORT ss of Limited Liability Company Contact Title: 31 JEFFERSON BOULEVA	y and Name or Tit RD, SUITE 200 DT ALTER	le of Contact Po	erson:
No. and Street: City or Town: 6. Mailing Addres Contact Name: C No. and Street: 9 City or Town: W 7. RESIDENT AGE Changes Requi	416 GIBBS AVENUE NEWPORT s of Limited Liability Company Contact Title: 31 JEFFERSON BOULEVA /ARWICK	y and Name or Tit RD, SUITE 200 DT ALTER . 7-16-11	t <b>le of Contact P</b> o 4 State: <u>RI</u> Zip	erson: : <u>02886</u> Country: <u>USA</u>

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

**Signed this 7 Day of March, 2023 at 4:17:34 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 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 <u>PETER EUDENBACH</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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