

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

FILEDTAP
MAR 09 2023
BY OUT

Entity ID Number	2. Exact name of the Limited Liability Company				
001747408	BYNC, LLC				
3. NAICS Code	4 Brief description of the character of business conducted in Rhode Island				
531390	Real estate ownership, maintenance, rental,				
5. State of Formation	and all relate	and all related activity			
Rhode Island					
6. Principal Office Address		City	State	Zip	
7454 Post Road		North Kingstown	RI	02852	
7. Mailing Address of Limited	Liability Company and Name or T	itle of Contact Person			
Contact Name David R. M	eegan	Contact Title Member			
Street Address 7454 Post Road		City North Kingstown	State RI	<sup>Zip</sup> 02852	
8. The Resident Agent inform	nation currently of record with the R	RI Department of State is accurate.	Changes require	filing Form 642.	
	declare and affirm that I have ex- atements contained herein are tri		y accompanying	g schedules and	
Name of Authorized Person		· ·	Date /		
David R. Meegan			2/2	2/23	
Signature of Authorized Personal Avea	2. rugar				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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