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.

| 1. Entity ID Number 1692874 | 2. Exact name of the Limited Liability Company Armstrong, LLC | | | | |
|--|---|--|-----------------------|-------------------------------|--|
| 3. NAICS Code 531390 | Brief description of the Real Estate | Brief description of the character of business conducted in Rhode Island Real Estate | | | |
| 5. State of Formation RI | | | | | |
| 6. Principal Office Address 100 Exchange Street | | City Providence | State RI | Zip 02903 | |
| 7. Mailing Address of Limite | ed Liability Company and Name | or Title of Contact Person | • | | |
| Contact Name Michael W. Miller | | Contact Title Registered Agent | | | |
| Street Address 122 Touro Street | | City Newport | State RI | ^{Zp} 02840 | |
| 8. The Resident Agent info | mation currently of record with | the RI Department of State is accu | urate. Changes requir | e filing Form 642. | |
| Under penalty of perjury, statements, and that all s | I declare and affirm that I hav tatements contained herein a | e examined this report, includir re true and correct. | ng any accompanyin | g schedules and | |
| Name of Authorized Person Lyell, Andrew | | - | Date March | Date March 6, 2023 12:23 PS | |
| Signature of Authorized Pe | rson lyell, andrew | | | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov