RI SOS Filing Number: 202331334740 Date: 3/20/2023 4:00:00 PM



→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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Entity ID Number	2. Exact name of the	e Limited Liability	y Company		^		
274540	LES	Profes	ZTIES	レレ			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
53 1110	RENTAL APARTMENTS						
5. State of Formation							
6. Principal Office Address d項 PO Poの	(141	Cit	WARR	28N	State	2ip 02885	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Conlact Name	MPBON CONTROLL TITLE OWN ER						
Street Address Box 1	41	Cit	MARK	281/	State 1	Zip 2855	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.							
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.							
Name of Authorized Person	amp son				Date 3	16-23	
Signature of Authorized Person							
y ( )							

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