

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED	
MAR 2 0, 2023 A	

Entity ID Number	2. Exact name of the Limited Li	ability Company		^			
274540	LES PROFERTIES LLC						
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 4項 PO Poの	(14)	City	٤٧	State	2ip 02885		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name	onlact Name Contact Title OWN ER						
Street Address Box 1	4/	City WARR	£1/	State I	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 sow			Date 3	16-23		
Signature of Authorized Person							

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