RI SOS Filing Number: 202331338180 Date: 3/20/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023 **Limited Liability Company**

FILED

→ 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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2. Exact name of the Limited Liability Company 220 Blackstone Street, LLC				
4. Brief description of the cha	Brief description of the character of business conducted in Rhode Island To purchase, rent, lease, sell and otherwise deal in real estate and personal			
To purchase, rent, lea				
property				
	City	State	Zip	
c/o The Aspen Group, 12 Reservoir Circle		MA	02021	
Liability Company and Name or	Title of Contact Person		1	
Contact Name Brian Kelleher		Contact Title Member		
Street Address 12 Reservoir Circle		State MA	^{Zip} 02021	
mation currently of record with the	RI Department of State is acc	curate. Changes require	filing Form 642.	
		ing any accompanying	schedules and	
erson		Date a Luina		
		3/14/22		
	4. Brief description of the character To purchase, rent, lead property 2. To purchase, rent, lead property 2. To purchase, rent, lead property 3. To purchase, rent, lead property 4. Brief description of the character that I have expected the character that	220 Blackstone Street, LLC 4. Brief description of the character of business conducted To purchase, rent, lease, sell and otherwise property City Canton City Canton Liability Company and Name or Title of Contact Person her Contact Title Member City Canton Contact Title Member City Canton	220 Blackstone Street, LLC 4. Brief description of the character of business conducted in Rhode Island To purchase, rent, lease, sell and otherwise deal in real estar property City Canton City Canton MA Liability Company and Name or Title of Contact Person Contact Title Member City Canton State MA Contact Title Member City Canton State MA Maintaion currently of record with the RI Department of State is accurate. Changes required declare and affirm that I have examined this report, including any accompanying attements contained herein are true and correct.	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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