	State of Office of the	Rhode Island Secretary of		Fee: \$50.00
		Business Servi	ces	
	148 W	. River Street		
	Providence	e RI 02904-261	5	
1636	(401) 222-3040		
Limited Liability Annual Report Filing Period: Feb				
refusing to file its	th R.I.G.L. 7-16-66(d), each limite annual report within thirty (30) da 5-66(b&c)) is subject to a penalty i	ays after the tin		y
ANNUAL REPOR	XT YEAR: <u>2023</u>			
1. ID No. <u>001</u>	1006357			
2. Exact Name of	of the Limited Liability Company	sw 02-283, L	LC	
3. State of Form	nation			
State: <u>RI</u>				
	ART	ICLE III		
-	it NAICS Code that best describes t of codes <u>here.</u> More informatior			
<u>531390</u>				
4. Brief Descript Island	tion of the Character of the Busin	ness Which is <i>i</i>	Actually Condu	icted in Rhode
-		ness Which is <i>i</i>	Actually Condu	icted in Rhode
Island		ness Which is <i>i</i>	Actually Condu	icted in Rhode
Island <u>REAL ESTATE</u>	ce Address 20 NEWMAN AVENUE	ness Which is <i>i</i>	Actually Condu	icted in Rhode
Island <u>REAL ESTATE</u> 5. Principal Offi	ce Address	ness Which is <i>i</i> State: <u>RI</u>		icted in Rhode
Island <u>REAL ESTATE</u> 5. Principal Offi No. and Street: City or Town:	ce Address 20 NEWMAN AVENUE SUITE 1005	State: <u>RI</u>	Zip: <u>02916</u>	Country: <u>USA</u>
Island <u>REAL ESTATE</u> 5. Principal Offi No. and Street: City or Town: 6. Mailing Addre	ce Address 20 NEWMAN AVENUE SUITE 1005 RUMFORD	State: <u>RI</u> r and Name or T	Zip: <u>02916</u>	Country: <u>USA</u>
Island <u>REAL ESTATE</u> 5. Principal Offi No. and Street: City or Town: 6. Mailing Addre	ce Address 20 NEWMAN AVENUE SUITE 1005 RUMFORD	State: <u>RI</u> r and Name or T	Zip: <u>02916</u>	Country: <u>USA</u>
Island <u>REAL ESTATE</u> 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre Contact Name:	ce Address 20 NEWMAN AVENUE SUITE 1005 RUMFORD ess of Limited Liability Company TIFFANY CAMBIO Contact Title:	State: <u>RI</u> r and Name or T	Zip: <u>02916</u>	Country: <u>USA</u>

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JEAN A. HARRINGTON, ESQ. 321 SOUTH MAIN STREET, 4TH FLOOR PROVIDENCE , RI 02903

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 27 Day of March, 2023 at 10:08:09 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>TIFFANY CAMBIO</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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