RI SOS Filing Number: 202331774140 Date: 3/27/2023 4:00:00 PM



Department of State - Business Services Division

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Annual Report for the year: $\frac{2023}{}$ **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.

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Entity ID Number	2. Exact name of the Limited Lia	2. Exact name of the Limited Liability Company				
001670951	Camp Avenue Properti	Camp Avenue Properties, LLC				
3. NAICS Code 531311	Brief description of the character of business conducted in Rhode Island TO HOLD AND MANAGE REAL ESTATE.					
5. State of Formation RHODE ISLAND						
6. Principal Office Address		City	State	Zip		
1130 TEN ROD ROAD, SUITE E-207		NORTH KINGSTOWN	RI	02852		
7. Mailing Address of Limited	Liability Company and Name or Title	of Contact Person	•			
Contact Name LYNN F. M	ORAN	Contact Title				
Street Address 1130 TEN ROD ROAD, SUITE E-207		City NORTH KINGSTOWN	State RI	^{Z_{ip}} 02852		
8. The Resident Agent inform	nation currently of record with the RI I	Department of State is accurate. C	hanges require	filing Form 642		
	declare and affirm that I have exan tements contained herein are true		accompanying	g schedules and		
Name of Authorized Person			Date	1-22		
LYNN F. MORAN			03/2	10 1 2022		
Signature of Authorized Pen	MW.			<u> </u>		

FILED

MAIL TO:

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

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