

Department of State - Business Services Division

Annual Report for the year: 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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1. Entity ID Number 1685526		2. Exact name of the Limited Liability Company 35 Kay Street, LLC						
3. NAICS Code 531311		Brief description of the character of business conducted in Rhode Island Residential apartment rentals						
5. State of Formation								
6. Principal Office Address 122 Touro Street		City Newport	State RI	Zip 02840				
7. Mailing Address of Limite	ed Liability Company and Name or	Title of Contact Person	<u> </u>					
Contact Name J. Russell Jackson		Contact Title Resident Agent						
Street Address 122 Tource	Street	City Newport	State RI	^{Zip} 02840				
8. The Resident Agent info	mation currently of record with the	RI Department of State is acci	urate. Changes requir	e filing Form 642.				
	I declare and affirm that I have e tatements contained herein are		ng any accompanyin	g schedules and				
Name of Authorized Person			Date 3/8/2	3/8/2023				
Signature of Authorized Pe	con		······································					

MAIL TO:

Division of Business Services

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