State of Rhode Island Office of the Secretary of State	Fee: \$50.00
Division Of Business Services	
148 W. River Street	
Providence RI 02904-2615	
1636 (401) 222-3040	
Limited Liability Company	
Annual Report Filing Period: February 1 - May 1	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or	
refusing to file its annual report within thirty (30) days after the time prescribed by	
law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR: 2023	
1. ID No. <u>001727210</u>	
2. Exact Name of the Limited Liability Company <u>950 Phenix Ave, LLC</u>	
3. State of Formation	
State: <u>RI</u>	
ARTICLE III	
Enter the six digit NAICS Code that best describes the primary business conducted by the Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	entity.
<u>531311</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in R Island REAL ESTATE PROPERTY MANAGER	hode
5. Principal Office Address	
5. Principal Office Address	
5. Principal Office Address No. and Street: 950 PHENIX AVE City or Town: CRANSTON State: <u>RI</u> Zip: <u>02921</u> Country:	<u>USA</u>
No. and Street: <u>950 PHENIX AVE</u>	<u>USA</u>
No. and Street: 950 PHENIX AVE City or Town: CRANSTON State: RI Zip: 02921 Country: 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	<u>USA</u>
No. and Street: 950 PHENIX AVE City or Town: CRANSTON State: RI Zip: 02921 Country: 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: CHARLENE BARBIERI Contact Title: MEMBER	<u>USA</u>
No. and Street: 950 PHENIX AVE City or Town: CRANSTON State: RI Zip: 02921 Country: 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: CHARLENE BARBIERI	
No. and Street: 950 PHENIX AVE City or Town: CRANSTON State: RI Zip: 02921 Country: 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: CHARLENE BARBIERI Contact Title: Mo. and Street: 3 CIRCUIT DR	

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

Signed this 29 Day of March, 2023 at 10:22:32 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 CHARLENE BARBIERI

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2023 State of Rhode Island All Rights Reserved