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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: ________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	2. Exact name of the Limited Li	ability Company	<u></u>	
000163578	Mill Road	HOCITUNS, 120		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531000				
5. State of Formation	heal Estate	holdings		
6. Principal Office Address	1	City	State	Zip
50 Cedar Sun	ma Mil	Smith Sield		02917
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name SoSenh	Harrison	Contact Title Mem Dec		
Street Address 50 CRMC 561	Ana Mu	ciny 5 mith Sield	State A T	zip (4907)
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.				
Name of Authorized Person			Date 3/31/2023	
Signature of Authorized Person				
7. 7 (

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FORM 632 - Revised: 2/2023