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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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			7013 MAR 51	μ» <u>ζ. 00</u>		
1. Entity ID Number	2. Exact name of the Limited Li	ability Company		<del></del> .		
000163578	Mill Vond	HOCITUNS, 120	<u> </u>			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531000						
5. State of Formation	1 /					
RIT	heal Estate	holdings				
6. Principal Office Address	1	City	State	Zip		
50 Cedar SulA	ma Mil	Smith dielal	11	9/9/7		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Joseph	Harrison.	Contact Title Mem Dec				
Street Address 50 CRMC 561	And Mo	ciny Smith Sield	State / T	Zip 04907		
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	-		
Soxah / Agi	rison		3/31/0	1023		
Signature of Authorized Person						

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR. 3 1 2023 BY 10 M 8W

FORM 632 - Revised: 2/2023