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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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2023 MAR 31 P 2: 00

|  |                                       |                                    | LULU HAM  | 7 2 00     |  |
|--|---------------------------------------|------------------------------------|-----------|------------|--|
| 1. Entity ID Number  | 2. Exact name of the Limited L        | ability Company                    |           |            |  |
| 000163578  | Mill Vond                             | Horizons, 121                      |           |            |  |
| 3. NAICS Code  |                                       | acter of business conducted in Rho | de Island |            |  |
| S31000   |                                       |                                    |           |            |  |
| 5. State of Formation  | 1 1                                   |                                    |           |            |  |
| RIT  | heal Estate                           | holdings                           |           |            |  |
| 6. Principal Office Address  | 1                                     | City                               | State     | Zip        |  |
| 50 Cedar Sun   | ma Mil                                | Smith Sield                        |           | 9/9/7      |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |                                       |                                    |           |            |  |
| Contact Name Joseph  | Harrison.                             | Contact Title Mem Sec              |           |            |  |
| Street Address 50 CRMC 561   | Ana Mo                                | city 5 mith sjeld                  | State / T | Zip 019(7) |  |
| 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 , }  |            |  |
| Spxah / Ag   | rrison                                |                                    | 3/31/0    | 1023       |  |
| Signature of Authorized Person   |                                       |                                    |           |            |  |
| 1/M/V//4   |                                       |                                    |           |            |  |
| 12.00  | · · · · · · · · · · · · · · · · · · · |                                    |           |            |  |

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 31 2023

BY 151/18W

FORM 632 - Revised: 2/2023