

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 APR -3	

1. Entity ID Number	2. Exact name of the Limited Liability Company				
000103916	390-400 METACOM AVENUE, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
1671110					
E State of East at Eas	Property Management				
5. State of Formation	Property Mainguistic				
LHI					
6. Principal Office Address		City	State	Zip	
atob Metacom a	11 # 505	BIETOI	RI	02809	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Karen 1 A lear 1 a Contact Title Went ber					
Street Address		City Bristol	State T	ZiB2809	
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		
Kavasarah	Ala .		3 30	12023	
Signature of Astroprized Person					
Jane Origina					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov