RI SOS Filing Number: 202332318280 Date: 4/3/2023 4:00:00 PM

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State of Rhode Island

## Department of State - Business Services Divisio្ពម្ -

Annual Report for the year: 2023
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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| \$1AmP     | ) |
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| 1-7        |   |

| 1. Entity ID Number 154843                  | 2. Exact name of the Limite SCHB, LLC                              | 2. Exact name of the Limited Liability Company SCHB, LLC  |                     |                      |  |
|---|--|---|---------------------|----------------------|--|
| 3. NAICS Code<br>531311                     | ·  | 4. Brief description of the character of business conducted in Rhode Island  Real estate management |                     |                      |  |
| 5 State of Formation RI                     |  |   |                     |                      |  |
| 6. Principal Office Address                 | ··-·   | City  | State               | Zip                  |  |
| 3461 South County Trail                     |  | East Greenwich  | RI                  | 02818                |  |
| 7. Mailing Address of Limite                | ed Liability Company and Name or                                   | Title of Contact Person   | I                   | L                    |  |
| Contact Name Stephen J. DiGianfilippo, Esq. |  | Contact Title Attorney  |                     |                      |  |
| Street Address 50 Park Row West, Suite 111  |  | City Providence   | State RI            | <sup>Zip</sup> 02903 |  |
| 8. The Resident Agent infor                 | mation currently of record with the                                | RI Department of State is accura  | te. Changes require | e filing Form 642    |  |
|   | l declare and affirm that I have of tatements contained herein are | examined this report, including<br>true and correct.  | any accompanyin     | g schedules and      |  |
| Name of Authorized Person                   |  |   | Date 3/16/23        |                      |  |
| Nancy A. Greim                              |  |   | 3116123             |                      |  |
| Signature of Authorized Per                 | my 4 brem  |   |                     |                      |  |

MAIL TO:

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

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