

Annual Report for the year: 2013 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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1023 APR -6 A 951

1. Entity ID Number	2. Exact name of the Limited Liability Company				
001723565	1279 Bround Stract UC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531390					
5. State of Formation	1 0 1 5 5		, 1		
RT	Run 1 8 soute Ruletal 40-HVHes				
6. Principal Office Address	<del>-</del>	City	State	Zip	
725 mm7	Thenson + An	Prendne	RI	U2501	
	ability Company and Name or Title	of Contact Person			
Contact Name		Contact Title Own			
	nt Phensing for	City Providence	State	2ip 02 50 Y	
8. The Resident Agent informati	on currently of record with the RI D		ate. Changes requir	e filing Form 642.	
	clare and affirm that I have exam ments contained herein are true		any accompanyin	g schedules and	
Name of Authorized Person			Date	Date	
Inna Ghilling			4-6-2023		
Signature of Authorized Person					
			-		

APR 0 6 2023 BY JYUSK

MAIL TO:

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

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