



State of Rhode Island

Department of State - Business Services Division

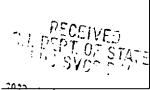
Annual Report for the year: $\frac{2023}{}$

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.



25 % A 01 KYA ESSS

1. Entity ID Number	2 Event name of the Limit	ted Liebility Company		•	
1. Entity ID Number	2. Exact name of the Limited Liability Company				
1701221	SevenSeven Ma	SevenSeven Main LLC			
3. NAICS Code	4. Brief description of the	4. Brief description of the character of business conducted in Rhode Island			
531390	Purchase hold de	Purchase, hold, develop, improve, and rent real estate.			
5 State of Formation	T drondse, noid, de	velop, improve, and rent	our coluits.		
RI					
6. Principal Office Address	_1	City	State	Zip	
19 Shore Drive		Johnston	RI	02919	
7 Mailing Address of Limite	d Liability Company and Name				
Contact Name Emilio DiSpirito IV		Contact Title Manager			
Street Address 19 Shore Drive		^{City} Johnston	State RI	^{Zip} 02919	
8. The Resident Agent infor	mation currently of record with t	he RI Department of State is accu	rate. Changes requir	e filing Form 642.	
	l declare and affirm that I have tatements contained herein ar	e examined this report, includin e true and correct.	g any accompanyin	g schedules and	
Name of Authorized Person			Date		
Emilio DiSpirito IV, Manager			3/21/23		
Signature of Authorized Per	son ?	unguer		-17	

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MAIL TO:

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

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