

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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1. Entity ID Number	2. Exact name of the Limited Lia	ability Company	-			
113261	1470 LLC					
3. NAICS Code	4. Brief description of the chara-	4. Brief description of the character of business conducted in Rhode Island				
531110	Deplestate	Reglestate Rental				
5. State of Formation	1 $\mathbf{K} = 1 \cdot $					
KI						
6. Principal Office Address	. 4	City	State	Zip		
1141/2 Hg	rtsord Ave Hot 7R	Johnston	K-L	02919		
-	Liability Company and Name or Title					
Contact Name. HUHOHV Volgute		Coptact Title OWNEY				
Street Address	Kord Ave Apt 7B	Januston	State	Zip 02919		
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, ANTHONY VOIGNTE		Date 4-11-2023				
Signature of Authorized Pers	Son Volanta					

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED , 214

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BY QPTVS

FORM 632 - Revised: 2/2023