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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company**

2023	
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→ 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 001739743		2. Exact name of the Limited Liability Company				
3. NAICS Code 531390	4. Brief description of the	4. Brief description of the character of business conducted in Rhode Island OTHER ACTIVITIES RELATED TO REAL ESTATE				
5. State of Formation RI						
6. Principal Office Address 90 DOGULAS PIKE		City SMITHFIELD	State RI	Zip 02917		
7. Mailing Address of Limite	ed Liability Company and Name	e or Title of Contact Person	<u> </u>	.		
Contact Name PAUL T. SURABIAN		Contact Title MANAGER				
Street Address 90 DOUGLAS PIKE		City SMITHFIELD	State RI	Zip 02917		
8. The Resident Agent info	rmation currently of record with	the RI Department of State is accur	ate. Changes requir	e filing Form 642.		
	I declare and affirm that I hav tatements contained herein a	re examined this report, including are true and correct.	any accompanyin	g schedules and		
Name of Authorized Person		Date	Date			
PAUL T. SURABIAN, MANAGER		04/07/2023				
Signature of Authorized Pe	Z ·					

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

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