

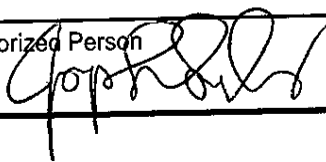


State of Rhode Island  
Department of State - Business Services Division

**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<br>542188   |  | 2. Exact name of the Limited Liability Company<br>FRENCHTOWN PARTNERS, LLC   |                 |
| 3. NAICS Code<br>531311   |  | 4. Brief description of the character of business conducted in Rhode Island<br>OWNERSHIP AND MANAGEMENT OF REAL ESTATE |                 |
| 5. State of Formation<br>RHODE ISLAND   |  |  |                 |
| 6. Principal Office Address<br>288 MURPHY ROAD  |  | City<br>HARTFORD   | State<br>CT     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |                 |
| Contact Name JOSEPH SULLO   |  | Contact Title MEMBER   |                 |
| Street Address PO BOX 290589  |  | City WETHERSFIELD  | State CT        |
| Zip 06129   |  |  |                 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |  |  |                 |
| <i>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.</i> |  |  |                 |
| Name of Authorized Person<br>JOSEPH SULLO   |  |  | Date<br>4/12/23 |
| Signature of Authorized Person<br>   |  |  |                 |

**MAIL TO:**

**Division of Business Services**  
148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** www.sos.ri.gov