

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.

FILED	STAMP
MAY 03 2023	The second second
BY)))

1. Entity ID Number	2. Exact name of the Limited Liability Company				
001733630	Clorane Street Partners, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
53	Own, manage, and develop real estate				
5. State of Formation	 				
Rhode Island					
6. Principal Office Address		City	State	Zip	
150 Chestnut Street		Providence	RI	02903	
	d Liability Company and Name or Title	of Contact Person	· •		
Contact Name David Mali	Contact Title Operating Mar		Manager	nager	
Street Address 150 Chestnut Street		City Providence	State RI	^{Zip} 02903	
8. The Resident Agent infor	mation currently of record with the RI D	epartment of State is accura	ate. Changes require	e filing Form 642.	
	declare and affirm that I have exam atements contained herein are true		any accompanyin	g schedules and	
Name of Authorized Person			Date		
David Malkin			4 27 23		
Signature of Authorized Per	son				
129~X \	Mall				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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