

STAMP

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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BUS SVCS DIV

2023 MAY 11 A 11: 36

Entity ID Number	2. Exact name of the Limit				
000795663	Providen	Providence Student Living, LLC 4. Brief description of the character of business conducted in Rhode Island To operate and manage a real estate business, including the purchasing, selling, leasing, mortgaging, marketing, improving, maintaining and managing of real estate			
3. NAICS Code					
531110					
5. State of Formation	marketing, improving, ma				
Rhode Island					
6. Principal Office Address		City	State	Zip	
269 Wickenden St		Providence	RI	02903	
7. Mailing Address of Limite	d Liability Company and Name o	or Title of Contact Person			
Contact Name Dustin Dezube		Contact Title Managing Member			
Street Address 269 Wickenden St		City Providence	State RI	Zip 02903	
8. The Resident Agent infor	mation currently of record with th	ne RI Department of State is accu	rate. Changes requir	e filing Form 642.	
	declare and affirm that I have atements contained herein are	e examined this report, including true and correct.	g any accompanyin	g schedules and	
Name of Authorized Person			Date		
Dustin Dezube			4/17/23		
Signature of Authorized Per	son				

MAY 11 2023 BY 3082

MAIL TO:

Division of Business Services

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

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