



State of Rhode Island

Department of State - Business Services Division

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 BUS SVCS DIV

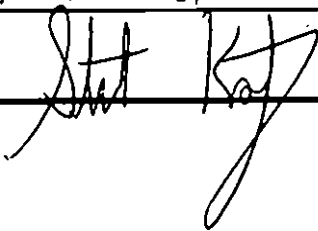
2023 MAY 26 PM 1:13

 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.

|                                                                                                                                                                                                             |  |                                                                                                             |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><u>001035220</u>                                                                                                                                                                     |  | 2. Exact name of the Limited Liability Company<br><u>SPK LLC</u>                                            |                    |
| 3. NAICS Code<br><u>531390</u>                                                                                                                                                                              |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Real Estate ownership</u> |                    |
| 5. State of Formation<br><u>Rhode Island</u>                                                                                                                                                                |  |                                                                                                             |                    |
| 6. Principal Office Address<br><u>1075 Park Avenue #14C</u>                                                                                                                                                 |  | City<br><u>New York</u>                                                                                     | State<br><u>NY</u> |
|                                                                                                                                                                                                             |  | Zip<br><u>10128</u>                                                                                         |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |  |                                                                                                             |                    |
| Contact Name<br><u>STUART KATZ</u>                                                                                                                                                                          |  | Contact Title<br><u>MEMBER</u>                                                                              |                    |
| Street Address<br><u>1075 PARK AVENUE #14C</u>                                                                                                                                                              |  | City<br><u>New York</u>                                                                                     | State<br><u>NY</u> |
|                                                                                                                                                                                                             |  | Zip<br><u>10128</u>                                                                                         |                    |
| 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><u>STUART KATZ</u>                                                                                                                                                             |  | Date<br><u>5/23/23</u>                                                                                      |                    |
| Signature of Authorized Person<br>                                                                                       |  |                                                                                                             |                    |

FILED

MAY 26 2023

BY Z6DZ0

AA-1:15pm.

## MAIL TO:

Division of Business Services

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