RI SOS Filing Number: 202336323730 Date: 5/30/2023 4:00:00 PM

State of Rhode Island Department of State - Business Services Division R.I. DEPT. OF STATE

2023 HAY 30 A 11: \$4

Annual Report for the year:

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  | 2. Exact name of the Limited Liability Company                              |                                |          |              |  |
| 001724884  | CITI DEVELOPMENT, LLC   |                                |          |              |  |
| 3. NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island |                                |          |              |  |
| 531110   | REAL ESTATE DEVELOPMENT   |                                |          |              |  |
| 5. State of Formation  |   |                                |          |              |  |
| 6. Principal Office Address 138 NARRAGAN   | SSAT AVE VWITH  | JAMESTOWN)                     | State T  | Zip<br>02835 |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |   |                                |          |              |  |
| Contact Name Dennis Gra  |   | Director of Construction owner |          |              |  |
| Street Address   | at Ave #4   | JAMES TOWN                     | <u> </u> | UZ835        |  |
| 8. The Resident Agent Information currently of record with the RI Department of State is accurate. Changes require filing Form 642.  |   |                                |          |              |  |
| 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. |   |                                |          |              |  |
| Name of Authorized Person  |   |                                | Date 5/3 | 10/2023      |  |
| Signature/of Anthorized Person   |   |                                |          |              |  |

**FILED** 

MAY 3 0 2023 BYML K

MAIL TO:

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

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

FORM 632 - Revised: 2/2023