RI SOS Filing Number: 202336753870 Date: 6/12/2023 4:00:00 PM

State of Rhode Island Department of S  Annual Report for the y  Imited Liability Compa  Filing period: February 1  Filing Fee: \$50.00  Penalty: Additional \$25.00	- May 1		_	
1. Entity ID Number	2. Exact name of the Limit			
0017406h2	7 Anchor	110	_	
3. NAICS Code	4. Brief description of the	character of business conducted in R	hode Island	
531110	Realestate			
5. State of Formation	1			
R1	1			
6. Principal Office Address	N . (a	Paulto 10 KO +	State	21p 02861
160 Bristol	H VV	Title of Contact Person		U# () &
7. Mailing Address of Limited Li	la 🖍			
YAWA I	tmetia_	City) Manage	State	Zip O OV /
Street Address 160 Brist	of Ave	rauticket a	KI	02861
8. The Resident Agent informat	ion currently of record with the	he RI Department of State is accurate	e. Changes requir	e filing Form 642.
Under penalty of perjury, I de	clare and affirm that I have ments contained herein ar	e examined this report, including a re true and correct.	ny acco <del>mpa</del> nyin	g schedules ella
statements, and that all statements contained herein are true and correct.  Name of Authorized Person			Date /	
V (A and £10)			0/12/23	
Signature of Authorized Person				
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FILED

TOENIS

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