

Department of State - Business Services Division

RICEIVED RICEPT OF STATE BUS SVCS DIV

Annual Report for the year: 2017 **Limited Liability Company**

2023 MAY 22 PM 2: 32

→ 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				
- 1013477	Goulin Real	4 LLC	70	73	
3. NAICS Code (4. Brief description of the character of business conducted in Rhode Island					
53 1110	Buying Property Rental Diopers		NUL		
5. State of Formation	Pertal Nover	40	=		
RI	Kelling proper	0	0	₹:?	
人上			ס		
6. Principal Office Address	Λ	City	State 🔂	Zip	
28 GRAham Ave		Warwick	KI 25	02889	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Cathy Goulin		Contact Title . ADM IN			
Street Address /	A	City ,	State	Zip	
Street Address Cephon Auc		NA/W.	T T	02889	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. 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		
Cothy Coulin			5-18-23		
Signature of Authorized Person,					
Ath Sail					

FILED 12:26

JUN 16 2023

BY AR 42VER

MAIL TO:

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

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