

## State of Rhode Island

## Department of State - Business Services Division

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.

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1. Entity ID Number 001660274	2. Exact name of the Limited Liability Company 487 ALLENS, LLC							
3. NAICS Code 531311 5. State of Formation RI	4. Brief description of the character of business conducted in Rhode Island HOLDS TITLE TO REAL ESTATE							
6. Principal Office Address 10 HUNTINGTON AVE SUITE 217		City BOSTON	State MA	Zip 02116				
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name WILLIAM THIBEAULT		Contact Title MANAGER						
Street Address P.O. BOX 990009		City BOSTON	Stale MA	<sup>Zip</sup> 02199				
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	Date				
WILLIAM THIBEAULT			6-21-23					
Signature of Authorized Person								

FILED

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MAIL TO:

**Division of Business Services** 

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

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