



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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A. Ralph Moffis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401 222 3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2023**

Filing Period: September 1 - November 1 • FILING Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(2)) is subject to a penalty fee of \$25.00.

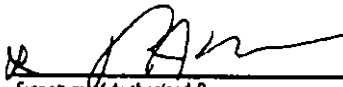
1 Filing No. <b>134668</b>		2 Exact name of the limited liability company <b>GLENWOOD PROPERTIES, LLC</b>			
3 State of Formation <b>RHODE ISLAND</b>		4 Brief description of the character of the business which is actually conducted in Rhode Island <b>REAL ESTATE MANAGEMENT</b>			
5 Principal office address <b>400 GLENWOOD AVE.</b>		City <b>PAWTUCKET</b>	State <b>R. I.</b>	Zip <b>02861</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>RALPH R. RYAN, ESQ.</b>		Contact Title <b>RESIDENT AGENT</b>			
Street Address <b>1495 NEWPORT AVE.</b>		City <b>PAWTUCKET</b>	State <b>R. I.</b>	Zip <b>02861</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>PAUL A. PERKOWSKI</b>		Manager Name <b>ELIZABETH PERKOWSKI</b>			
Street Address <b>36 RIVER VIEW AVE.</b>		Street Address <b>36 RIVER VIEW AVE.</b>			
City <b>SWANSEA</b>	State <b>MA</b>	Zip <b>02777</b>	City <b>SWANSEA</b>	State <b>MA</b>	Zip <b>02777</b>
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>B. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**134668**

<b>FILED</b>	
File Date	<b>FEB 09 2023</b>
Check No.	<b>2724</b>
By	
FOR SECRETARY OF STATE USE ONLY	

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.

 **2.1.23**  
Signature of Authorized Person Date

**PAUL A. PERKOWSKI**  
Print or Type Name of Authorized Person