State of Rhode Isla Department of S	nd itate - Business Service	s Division		
Annual Report for the year: 2021 Limited Liability Company				STAM:
 → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 				2023 JUL
1. Entity ID Number	2. Exact name of the Limited Lia	hility Company	<u></u>	- SX. S
000795281		ES - PHODE IS	LAND L	U —
3. NAICS Code 53/1/0 5. State of Formation OK	4. Brief description of the character of the Rental proper	ster of business conducted in Rhoody	de Island	12
6. Principal Office Address 122 S. Fenwic	k St.	Arling ton	State VA	zip 22204
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Alexandra K	Levin (Alex)	Contact Title Trustee Exe City	cutor/1	Manager
122 S. Fenwick St.		Arlington	VA	22204
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				
Alexandra K. Levin Vul			Vuly 7	7, 2023
Signature of Authorized Person				

MAIL TO:

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

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

JUL 14 2023 BY JIJEK H.A. 1:16 PM.