Date: 7/20/2023 2:34:00 PM RI SOS Filing Number: 202339643880

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2023 JUL 2<del>0 P 2: 33</del>



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.

| 4 | r gerage of the control of the cont |                          |                      |             |           |
|---|---|--------------------------|----------------------|-------------|-----------|
| ! | 1. Entity ID Number 2. Exact na   | me of the Limited Liabil | lity Company         | 10          |           |
| • | 3. NAIOS Code  4. Brief description of the character of business conducted in Rhode Island  Residential apart ment remails  5. User description ()  |                          |                      |             |           |
| 1 | 5.1 Res   | idental                  | apart mer            | 4 res       | Mails     |
| · |   |                          | ·                    | State       | Zıp       |
| , | 8. Principal Office Address   | St und                   | AUV                  | mA          | 01432     |
|   | . Matting Address of Limited Liability Company and Name or Title of Contact Person  |                          |                      |             |           |
|   | Contact Name  NVAR SWIDE  | h                        | Contact Title  DWNEY | <del></del> | T-:       |
|   | Street Address Washingto  | n mod B                  | City Ayl             | State       | 219 01482 |
| 1 | The Resident Agent Information currently of record with the RI Department of State is accurate. Changes require filing Form 642.  |                          |                      |             |           |
|   | Under penalty of perfury, I declare and affirm that I have examined this report, including any accompanying schedules and atoments, and that all statements contained herein are true and correct.  |                          |                      |             |           |
|   | Name of Authorized Person   | 164                      |                      | Date        | 7/23      |
|   | Signature of Authorized Person  |                          |                      |             |           |

FILED

JUL 2 0 2023

MAIL TO:

Division of Business Services

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

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