

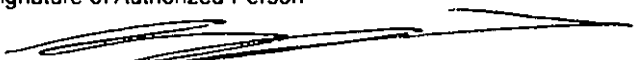


State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2023 JUL 21 P 12:59

|   |  |   |   |
|---|--|---|---|
| 1. Entity ID Number<br><u>875120</u>  |  | 2. Exact name of the Limited Liability Company<br><u>450 Main St LLC</u>                          |   |
| 3. NAICS Code<br><u>236115</u>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Real estate</u> |   |
| 5. State of Formation<br><u>RI</u>  |  |   |   |
| 6. Principal Office Address<br><u>48 Barden Ln</u>  |  | City<br><u>Warren</u>   | State<br><u>RI</u><br>Zip<br><u>02885</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |   |   |
| Contact Name<br><u>Mane Sequino</u>   |  | Contact Title<br><u>member</u>  |   |
| Street Address<br><u>48 Barden Ln</u>   |  | City<br><u>Warren</u>   | State<br><u>RI</u><br>Zip<br><u>02885</u> |
| 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<br><u>David Sequino</u>   |  | Date<br><u>7/21/23</u>  |   |
| Signature of Authorized Person<br>   |  |   |   |

W3 FILED 1259  
JUL 21 2023  
BY TZ19X

## MAIL TO:

Division of Business Services  
148 W River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)