

## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: Limited Liability Company

2017

-> 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	2. Exact name of the Limited Liability Company			
$\infty$ 0691849	64UC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531000	REAL ESTATE			
5. State of Formation	KEAL ESTATE			
RI				
6. Principal Office Address		City	State	Zip
111 PLAN WAY		WARWICK	RI	02886
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
BRIAN K. HILL				
Street Address		City	State	Zip
42 KEGINA DR.		WEST (TREED WICH	KI	02817
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 11 8/23	
Signature of Authorized Person				

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MAIL TO:

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

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