

Annual Report for the year: $\underline{^{2021}}$ **Limited Liability Company**

SECRETARY OF STATE

2023 NOV -9 A 9: 34

- → Filing period: February 1 May 1
- → Filing Fee \$50.00
- → Penalty Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
001707762	73 Commercial Way LLC	73 Commercial Way LLC			
3 NAICS Code	4. Brief description of the chara	4. Brief description of the character of business conducted in Rhode Island			
531110	Real Estate ownership				
5. State of Formation					
Rhode Island					
6. Principal Office Address		City	State	Zıp	
100 Technology Center Drive		Staughton	MA	02072	
7. Mailing Address of Limi	ted Liability Company and Name or Tit	le of Contact Person	•		
Contact Name William McNamara		Contact Title Manager, NY Fuels Direct LLC			
Street Address 74 Maple Street		City Stoughton	State MA	Zip 02072	
8. The Resident Agent info	ormation currently of record with the RI	Department of State is accur	rate. Changes require	filing Form 642	
Under penalty of perjury statements, and that all	, I declare and affirm that I have exa statements contained herein are tru	mined this report, including e and correct.	g any accompanying	schedules and	
Name of Authorized Person			Date		
William:	J. M.Chamara, Jv.		7/18/2023		
Signature of Authorized Pr	erson la fr			-	

FILED

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BYML JYDEH

MAIL TO:

Division of Business Services

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

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