



State of Rhode Island
Department of State - Business Services Division

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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.

| | | | |
|---|--|--|------------------|
| 1. Entity ID Number 001746589 | | 2. Exact name of the Limited Liability Company 169 NARRAGANSETT BOULEVARD LLC | |
| 3. NAICS Code 531390 | | 4. Brief description of the character of business conducted in Rhode Island OWN REAL ESTATE LOCATED WITHIN RI | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address PO BOX 1240 | | City ATTLEBORO | State MA |
| | | Zip 02703 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name MICHAEL O'KEEFE | | Contact Title MEMBER | |
| Street Address 17 BANK ST | | City ATTLEBORO | State MA |
| | | Zip 02703 | |
| 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 MICHAEL O'KEEFE | | | Date 10/30/23 |
| Signature of Authorized Person | | | |

FILED

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BY 12815
A.A. 1:13 pm.

MAIL TO:
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