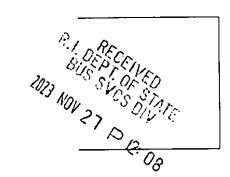


## State of Rhode Island **Department of State - Business Services Division**

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.



Entity ID Number	2. Exact name of the Lin	2. Exact name of the Limited Liability Company			
001746094	Unison West Fo	Unison West Fountain, LLC			
(3) NAICS Code	(4) Brief description of the character of business conducted in Rhode Island				
531390	To directly or indirectly acquire, own, hold, operate, manage, finance, lease,				
5 State of Formation	develop and/or dis	develop and/or dispose of, in part or in its entirety, interest in real estate; and			
Delaware	engage in any act	engage in any activities reasonably related to any of the foregoing.			
6. Principal Office Address		City	State	Zip	
101 Accord Park Drive, Suite 205		Norwell	MA	02061	
7. Mailing Address of Limit	ed Liability Company and Nami	e or Title of Contact Person			
Contact Name Bi Mei DeAngelis		Contact Title Controller			
Street Address 101 Accord Park Drive		Cny Norwell	State MA	<sup>Zıp</sup> 02061	
8. The Resident Agent info	rmation currently of record with	the RI Department of State is acc	curate. Changes require	filing Form 642.	
9 Under penalty of perju	ry, I declare and affirm that I	have examined this report, inclu			
statements, and that all statements contained herein are true and correct.  Name of Authorized Person			Date	1	
Brendon McCarthy			9/3	1/23	
Signature of Authorized Pa	erson		1	<del></del>	
2	MILLE				

MAIL TO:

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

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