RI SOS Filing Number: 202343578950 Date: 12/26/2023 2:51:00 PM



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

Annual Report for the year: Limited Liability Company

2022

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

| REC'D<br>'23 DEC        |   |   |  |
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| "BOL"                   |   | • |  |

| 1. Entity ID Number   | 2. Exact name of the Limited Liability Company                              |            |          |          |  |  |
|---|---|------------|----------|----------|--|--|
| 001695641   | Sharpe Azatak LLC.  |            |          |          |  |  |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |            |          |          |  |  |
| 531390  | Real Estate Management Development,<br>AND Related Activities, Leasing.     |            |          |          |  |  |
| 5. State of Formation   | AND RELATED ACTIVITIES LEASING.   |            |          |          |  |  |
| RI  |   | /          |          | J        |  |  |
| 6. Principal Office Address   |   | City       | State    | Zip      |  |  |
| 56 Regen  | <del>1</del> 5 <del>1</del>   | CAMBRIDGE. | MA       | 02140    |  |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |            |          |          |  |  |
| Contact Name  | Contact Title   |            |          |          |  |  |
| BART W.   |   |            |          |          |  |  |
| Street Address  | ? /.  | City       | State MA | Zip      |  |  |
| 56 RegentSt   |   | CAMBRIDGE  | MA       | 02140    |  |  |
| 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 / 0/-  |   |            | 2/- 2    |          |  |  |
| BART W. BUSSING   |   |            | 141      | 12/18/23 |  |  |
| Signature of Authorized Person  |   |            |          |          |  |  |
|   |   |            |          |          |  |  |
|   | -   |            | ·        |          |  |  |

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DEC 26 2023

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY MN754