

## State of Rhode Island

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

Annual Report for the year: 2024

JAN 23 2024

2044 2

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   | 2. Exact name of the Limited Liability Company                           |               |        |       |
|---|--|---------------|--------|-------|
| 131387  | Route One  | e Properties, | L1C    |       |
| 3. NAICS Code   | Brief description of the character of business conducted in Rhode Island |               |        |       |
| 531311  | Real Est   | ute Managem   | ent    |       |
| 5. State of Formation   |  | ·             |        |       |
| RI  |  |               |        |       |
| 6. Principal Office Address   |  | City          | State  | Zip   |
| 1287 Post   | -Road  | Warwick       | RI     | 02888 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |               |        |       |
| Contact Name  | •  | Contact Title |        |       |
| David W.  | Allaire  | Member        |        |       |
| Street Address  | 0 (  | City Warwick  | State  | Zip   |
| 1287 Post   | Kand   | VVarwick      | KI     | 02888 |
| 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 , |       |
| Dovid W. Allaile  |  |               | 1/19   | /2024 |
| Signature of Authorized Person  |  |               |        |       |

## MAIL TO:

**Division of Business Services** 

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