RI SOS Filing Number: 202444788780 Date: 1/25/2024 3:38:00 PM

| A. |
|----|
| |

State of Rhode Island Department of State - Business Services Division

STAMP

Annual Report for the year: Limited Liability Company 2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

RECEIVED

D.H. DEPT. OF STATESTAND

EUS SVCS DM

2024 JAN 25 P 3: 37

| Entity ID Number | 2. Exact name of the Limited Lia | bility Company | | · | |
|---|---|------------------|-----------|--------------|--|
| 1001748752 | 372 Brandway UC | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 531110 | Real Estate Rentals | | | | |
| 5. State of Formation | | | | | |
| et | | | | | |
| 6. Principal Office Address | <u> </u> | City | State | Zip | |
| 81 antron | Aur | Providen a | RI | 0298 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Contact Title | | | | | |
| Anf Sl | rehard th | ann | | | |
| Street Address &/ (1n+ | orn Am | City Proviolence | State | 210 0290s | |
| 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 | re hadeh | | Date 01/2 | 5/2024 | |
| Signature of Authorized Person | | | | | |
| | | | | | |
| ~ 7 | | | | | |

FILED 3:32

JAN 25 2024

Ka

MAIL TO:

Division of Business Services

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

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