RI SOS Filing Number: 202445551950 Date: 2/5/2024 4:00:00 PM



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

Annual Report for the year: 2024

-> Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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1. Entity ID Number	2. Exact name of the Lim	ited Lighility Company			
1679847	100 Central St Lhc				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island  Rental				
5. State of Formation	<b>1</b> ''				
RI,					
6. Principal Office Address	<u> </u>	City	State	Zip	
54RA Durfee Hill Rd.		chepachet	RI	02814	
7. Mailing Address of Limited Lie	ability Company and Name	or Title of Contact Person	<del></del>		
Contact Name		Contact Title outner			
Smald C. Prerie Street Address 542 A Durfee Hill Rd.		chepachet	State	Zip 028/4	
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 c statements, and that all states	declare and affirm that i ho ments contained herein a	ave examined this report, including true and correct.	g any accompany	ring schedules and	
Name of Authorized Person  Sanald C. Guerce		Date 2-5-24			
Signature of Authorized Person					

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FEB - 5 2024 BY Weel 5

MAIL TO:

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

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