RI SOS Filing Number: 202446044640 Date: 2/7/2024 4:00:00 PM



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

2024 Annual Report for the year: **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 469 Wood Street LLC  4. Brief description of the character of business conducted in Rhode Island Commercial Rental Property |                                   |  |                      |  |
|--|--|-----------------------------------|--|----------------------|--|
| 3 NAICS Code<br>531190                         |  |                                   |  |                      |  |
| 5. State of Formation R.I.                     |  |                                   |  |                      |  |
| 6. Principal Office Address<br>469 Wood Street |  | City<br>Bristol                   | State<br>R.I.                          | Zip<br>02809         |  |
| 7. Mailing Address of Limited L                | iability Company and Name or   | Title of Contact Person           | ······································ | <del> •</del>        |  |
| Contact Name Kendall Reiss                     |  | Contact Title Single-Member Owner |  |                      |  |
| Street Address 469 Wood Street                 |  | <sup>City</sup> Bristol           | State R.I.                             | <sup>Zip</sup> 02809 |  |
| 8. The Resident Agent informa                  | tion currently of record with the  | RI Department of State is a       | ccurate. Changes require               | filing Form 642      |  |
|  | declare and affirm that I have<br>ements contained herein are  |                                   | luding any accompany                   | ing schedules and    |  |
| Name of Authorized Person<br>Kendall Reiss     |  |                                   | Date 2/1/24                            | 1                    |  |
| Signature of Authorized Perso                  | n .  |                                   | •                                      |                      |  |

MAIL TO:

**Division of Business Services** 

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