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## State of Rhode Island

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

Annual Report for the year: Limited Liability Company

2019

→ 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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4 5-49-10 N		11.7.1.77.			
Entity ID Number	2. Exact name of the Limited Liability Company				
001657072	7 1/2 TAYLOR ROAD, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531390	REAL ESTATE HOLDINGS				
5. State of Formation	1				
RI					
6. Principal Office Address		City	State	Zip	
7 1/2 TAYLOR RD		JOHNSTON	RI	02919	
7. Mailing Address of Limited L	iability Company and Name or	Title of Contact Person	<u> </u>		
CONTACT Name CYNTHIA CARLSON		Contact Title OWNER			
Street Address 7 1/2 TAYLOR RD		City JOHNSTON	State RI	<sup>Zip</sup> 02919	
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 n // n /			
CYNTHIA CARLSON			0.14.24		
Signature of Authorized Person	Parlsox				

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MAIL TO:

**Division of Business Services** 

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

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