



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

**Annual Report for the year:** 2024  
**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.

**FILED**  
**FEB 14 2024**  
 BY *[Signature]*

1. Entity ID Number <b>001658436</b>		2. Exact name of the Limited Liability Company <b>1100 Warren Avenue, LLC</b>	
3. NAICS Code <b>53 110</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real Estate and Rental</b>	
5. State of Formation <b>Rhode Island</b>			
6. Principal Office Address <b>60 Colvin Street Box 357</b>		City <b>Hope</b>	State <b>RI</b>
Zip <b>02831</b>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Anthony D. Altrui</b>		Contact Title <b>Manager</b>	
Street Address <b>60 Colvin Street</b>		City <b>Hope</b>	State <b>RI</b>
Zip <b>02831</b>			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <i>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.</i>			
Name of Authorized Person <b>Anthony D. Altrui</b>		Date <b>1/15/2024</b>	
Signature of Authorized Person <i>Anthony D Altrui</i>			

**MAIL TO:**  
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