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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.

4. Entity ID Number	2 Event name of the Limited	Nichility Company			
1. Entity ID Number	2 Exact name of the Limited Liability Company				
1713108	450 WARREN AVE, LLC				
3 NAICS Code	Brief description of the character of business conducted in Rhode Island				
531390	TO BUY SELL & INV	TO BUY SELL & INVEST IN REAL ESTATE			
5 State of Formation					
RI					
6 Principal Office Address	<u>, </u>	City	State	Zip	
870 OAKLAWN AVENUE		CRANSTON	RI	02920	
7. Mailing Address of Limited	Liability Company and Name or	Title of Contact Person		<u> </u>	
Contact Name DAVID LUCIVERO		Contact Title MEMBER			
Street Address PO BOX 40266		City CRANSTON	State RI	^{Zip} 02920	
8. The Resident Agent information currently of record with the R! 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 Days / 2 / 2					
DAVID LUCIVEROY					
Signature of Authorized Person					

FILED

FEB 16 2024

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MAIL TO:

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

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