RI SOS Filing Number: 202446912840 Date: 2/20/2024 4:00:00 PM

Annual Report for the year: Limited Liability Company  → Filing period: February 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00	2024		FILED	
	·	bv	B <b>20</b> 2024	1
1. Entity ID Number	2. Exact name of the Limited Li	ability Company		
000133069	M. Bestwick Associa			
3. NAICS Code 531390	Brief description of the character of business conducted in Rhode Island     buying, selling, developing and holding real estate.			
5. State of Formation RHODE ISLAND				
		City	State	Zıp
6. Principal Office Address	<u> </u>	City North Kingstown	State RI	Z <sub>IP</sub> 02852
6. Principal Office Address 4019 Quaker Lane	bility Company and Name or Titl	North Kingstown		1 '
6. Principal Office Address 4019 Quaker Lane 7. Mailing Address of Limited Lia Contact Name Michael S. Bes	<del></del>	North Kingstown		1 '

9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

MAIL TO:

Division of Business Services

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

statements, and that all statements contained herein are true and correct.

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

Name of Authorized Person

Signature of Authorized Person

Michael S. Bestwick, Member