

Annual Report for the year: 2024 **Limited Liability Company**

FILED

FEB 20 2024

→ 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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1. Entity ID Number 000133069	Exact name of the Limited Liability Company M. Bestwick Associates, LLC			
3. NAICS Code 531390	4. Brief description of the character of business conducted in Rhode Island buying, selling, developing and holding real estate.			
5. State of Formation RHODE ISLAND				
6. Principal Office Address	City		State	Zıp
4019 Quaker Lane	No	rth Kingstown	RI	02852
7. Mailing Address of Limite	d Liability Company and Name or Title of Co	intact Person	<u>.</u>	
Contact Name Michael S. Bestwick		Contact Title Member		
Street Address 4019 Quaker Lane		North Kingstown	State RI	^{Zıp} 02852
8. The Resident Agent infor	mation currently of record with the RI Depart	ment of State is accurate	. Changes require	filing Form 642
, , , , ,	r, I declare and affirm that I have examine atements contained herein are true and c		any accompany	ing schedules and
Name of Authorized Person Michael S. Bestwick,	Member		Date 2/15/	2621
Signature of Authorized Per	Sorr) Many		1-1-1	J

MAIL TO:

Division of Business Services

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

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