RI SOS Filing Number: 202446918040 Date: 2/20/2024 4:00:00 PM



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

FILED STAMP

Annual Report for the year: 2024

FEB 20 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.

1. Entity ID Number	2. Exact name of the Limited Liability Company 380 Lloyd Avenue, LLC			
1677197				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island Real Estate Management			
531390				
5. State of Formation				
RI				_
6. Principal Office Address		City	State	Zip
129 Hazard Avenue		Providence	RI	02906
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person		
Contact Name Steven Graff		Contact Title Member		
Street Address 129 Hazard Avenue		City Providence	State RI	^{Zip} 02906
8. The Resident Agent infon	mation currently of record with t	he RI Department of State is accura	ate. Changes requir	e filing Form 642.
9. Under penalty of perjury statements, and that all st	y, I declare and affirm that I ha atements contained herein ar	ave examined this report, including true and correct.	ng any accompany	ring schedules and
Name of Authorized Person			Date / C/C C C/C	
Steven Graff			0/8/20	024
Signature of Authorized Per	sold //	·	_ <i>-</i>	

MAIL TO:

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

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