RI SOS Filing Number: 202447105980 Date: 2/22/2024 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

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FILED WE

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					
001733630	Clorane Street Partners, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
53	Own, manage, and develop real estate					
5. State of Formation						
Rhode Island						
6. Principal Office Address		City	State	Zip		
150 Chestnut Street		Providence	RI	02903		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name David Malkin		Contact Title Operating Manager				
Street Address 150 Chestnut Street		City Providence	State RI	^{Zıp} 02903		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
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			Date			
David Malkin			1/30/	zy		
Signature of Authorized Person						

MAIL TO:

Division of Business Services

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

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