

## State of Rhode Island

## **Department of State - Business Services Division**

## Annual Report for the year: 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 <b>001716085</b>           | 2. Exact name of the Limited Liability Company  10 Dickinson Avenue, LLC                             |                             |                    |                      |
|--|--|-----------------------------|--------------------|----------------------|
| 3. NAICS Code <b>531311</b>                    | Brief description of the character of business conducted in Rhode Island     Real estate management. |                             |                    |                      |
| 5. State of Formation RI                       |  |                             |                    |                      |
| 6. Principal Office Address 59 Rector Street   |  | City<br>East Greenwich      | State<br>RI        | Zip<br><b>02818</b>  |
| 7. Mailing Address of Limite                   | ed Liability Company and Name or Tit   | le of Contact Person        | I                  | 1                    |
| Contact Name Michele L. Caprio                 |  | Contact Title Manager       |                    |                      |
| Street Address 59 Rector Street                |  | City<br>East Greenwich      | State<br>RI        | Zip<br>02818         |
| 8. The Resident Agent infor                    | mation currently of record with the RI   | Department of State is accu | rate. Changes requ | ire filing Form 642. |
|  | I declare and affirm that I have exa<br>tatements contained herein are true                          |                             | g any accompanyi   | ing schedules and    |
| Name of Authorized Persor<br>Michele L. Caprio | 1  |                             | 2.8.2024           |                      |
| Signature of Authorized Per                    | rson   |                             |                    |                      |

MAIL TO:

**Division of Business Services** 

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