RI SOS Filing Number: 202447475920 Date: 2/26/2024 4:00:00 PM

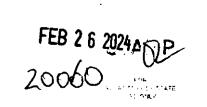


Annual Report for the year: 2024 **Limited Liability Company** 

→ 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                                      | 2. Exact name of the Limited Liability Company                              |  |                        |                      |  |
|--|---|--|------------------------|----------------------|--|
| 001336931  | BANNISTER REALTY ASSOCIATES LLC   |  |                        |                      |  |
| 3. NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island |  |                        |                      |  |
| 531120   | LESSOR OF PROP  | LESSOR OF PROPERTY                                   |                        |                      |  |
| 5. State of Formation                                    | 7   |  |                        |                      |  |
| RI   |   |  |                        |                      |  |
| 6. Principal Office Address                              |   | City   | State                  | Zip                  |  |
| 4770 WHITE PLAINS ROAD                                   |   | BRONX  | NY                     | 10470                |  |
| 7. Mailing Address of Limited                            | Liability Company and Name o  | r Title of Contact Person                            |                        |                      |  |
| Contact Name MIRIAM LEVI                                 |   | Contact Title MRS                                    |                        |                      |  |
| Street Address 4770 WHITE PLAINS ROAD                    |   | City BRONX   | State NY               | <sup>Zip</sup> 10470 |  |
| 8. The Resident Agent inform                             | nation currently of record with the   | e RI Department of State is accu                     | urate. Changes require | filing Form 642.     |  |
| 9. Under penalty of perjury statements, and that all sta | r, I declare and affirm that I havatements contained herein are             | re examined this report, inclu-<br>true and correct. | ding any accompany     | ing schedules and    |  |
| Name of Authorized Person                                |   |  | Date                   |                      |  |
| MIRIAM LEVI  |   |  | 01.30.2024             |                      |  |
| Signature of Authorized Pers                             | Mision Layi   |  |                        |                      |  |

## MAIL TO:

**Division of Business Services** 

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

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