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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 202:

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25,00 fee if form is not filed by May 31.

FILED STALEP MAR 01 2024
BY 012024

1. Entity ID Number	2. Exact name of the L	2. Exact name of the Limited Liability Company				
001718564	Dexter Propert	Dexter Properties, LLC				
3. NAICS Code	4. Brief description of t	Brief description of the character of business conducted in Rhode Island Own and operate residential buildings and dwellings				
531110	Own and operate					
5. State of Formation						
Rhode Island						
6. Principal Office Address	-	City	State	Z ip		
Turks Head Place, Ste 1200		Providence	RI	02903		
7. Mailing Address of Limit	ed Liability Company and Nan	ne or Title of Contact Person	<u>-</u>			
Contact Name Greg Banks		Contact Trile Owner				
Street Address 14 Water Street		City Medford	State MA	Zp 02155		
8. The Resident Agent info	rmation currently of record wit	h the RI Department of State is acc	urate. Changes require	s filing Form 642.		
	ry, I declare and affirm that i Italements contained herein	have examined this report, inclu- are true and correct.	ding any accompany	ing schedules and		
Name of Authorized Person		Date				
Greg Banks		January 21,2024				

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

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