

## 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.

**STAMP** 

1. Entity ID Number	2. Exact name of the Limited Li	ability Company	<u> </u>	
791241	1120 North Main Street, LLC			
3. NAICS Code 531390	Brief description of the character of business conducted in Rhode Island     Management of Real Estate			
5. State of Formation	Ī .			
6. Principal Office Address		City	State	Zip
c/o Capstone Properties	s, 25 Burlington Mall Rd	Burlington	MA	01803
7. Mailing Address of Limited Li	ability Company and Name or Title	e of Contact Person		
Contact Name Paul Griesinger		Contact Title Member		
Street Address 25 Burlington Mall Rd, Ste. 112		City Burlington	State MA	<sup>Zip</sup> 01803
8. The Resident Agent informati	ion currently of record with the RI	<u> </u>	rate. Changes require	filing Form 642.
	declare and affirm that I have ex ments contained herein are true		ing any accompany	ing schedules and
Name of Authorized Person		-	Date /	2-0-1
Paul Griesinger			1 2/23/	1524

FILED

MAIL TO:

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**Division of Business Services** 

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

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