RI SOS Filing Number: 202448255350 Date: 3/7/2024 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

- → 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 Limi	2. Exact name of the Limited Liability Company			
1753808	1033 Broad Stre	1033 Broad Street CF, LLC			
3. NAICS Code	4. Brief description of the	4. Brief description of the character of business conducted in Rhode Island			
531311	Real estate holding	3			
5. State of Formation					
Rhode Island					
6. Principal Office Address		City	State	Zip	
1033 Broad Street		Central Falls	RI	02863	
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person		,	
Contact Name Jason Macari		Contact Title			
Street Address 1033 Broad Street		City Central Falls	State RI	^{Zip} 02863	
8. The Resident Agent Infor	mation currently of record with t	he RI Department of State is accura	ite. Changes requir	e filing Form 642.	
	y, I declare and affirm that I ha tatements contained herein ar	ave examined this report, including true and correct.	ng any accompany	ying schedules and	
Name of Authorized Person			Date		
Jason Macari		111.1	3/1/24		
Signature of Authorized Per	son				

MAIL TO:

Division of Business Services

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

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