RI SOS Filing Number: 202448277550 Date: 3/7/2024 4:00:00 PM

State of Rhode Island Department of State - Business Services Division	FILED	
north and the second se	MAR 0 7 2024	
Annual Report for the year: 2024 Limited Liability Company	BY DO	
→ 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 Lia	bility Company			
000236887	Massachusetts Avenue LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
5. State of Formation	- Rental Real Estate				
Khode Island					
6. Principal Office Address		City	State	Zip	
64 Othm	ar Street	Narragenset	+ RI	02882	
7. Malling Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Delia G. Donald son Manager					
Street Address 64 Offin	nar Street	Narraganse	# State I	Zip 02882	
8. The Resident Agent information currently of record with the Rt Department of State is accurate. Changes require filing Form 642.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person			Date		
Delia	G. Donaldso	n	3-4-	2024	
Signature of Authorized Person					
Delia y. Donaldson					

MAIL TO:

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

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