



**State of Rhode Island
Department of State - Business Services Division**

FILED

MAR 13 2024

BY 478
[Signature]

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 001752665		2. Exact name of the Limited Liability Company 465 Wood Avenue, LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 67 BIRCH STREET		City SOMERSET	State MA	Zip 02726	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name AMADO GONZALEZ			Contact Title MANAGER		
Street Address 67 BIRTH STREET		City SOMERSET	State MA	Zip 02726	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. <i>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.</i>					
Name of Authorized Person AMADO GONZALEZ				Date 3/11/2024	
Signature of Authorized Person <i>[Signature]</i>					

MAIL TO:

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