

RI SOS Filing Number: 202448943400 Date: 3/13/2024 4:00:00 PM





State of Rhode Island

Department of State - Business Services Division

FILED

MAR 1 3 2024

Annual Report for the year: 2024 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.

| Entity ID Number | 2. Exact name of the Limited Liability Company | | | |
|--|--|------------------------------------|------------------|----------------------|
| 1728873 | RICG-P, LLC | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | |
| 531390 | To own and lease real estate. | | | |
| 5. State of Formation | | | | |
| Rhode Island | | | | |
| 6. Principal Office Address | · · · · · · · · · · · · · · · · · · · | City | State | Zip |
| 6 Blackstone Valley Pl., Ste. 105 | | Lincoln | RI | 02865 |
| 7. Mailing Address of Limited Lia | bility Company and Name or Title | of Contact Person | | |
| Contact Name Joseph P. Mazza, M.D. | | Contact Title | | 1 11 |
| Street Address 6 Blackstone Valley Pl., Ste. 105 | | City Lincoln | State RI | ^{Zip} 02865 |
| 8. The Resident Agent information | on currently of record with the RI D | Department of State is accurate. C | hanges require f | iling Form 642. |
| | leclare and affirm that I have exa nents contained herein are true | | y accompanyin | g schedules and |
| Name of Authorized Person | <u> </u> | | Date | |
| Joseph P. Mazza, M.D. | | | | |
| Signature of Authorized Person | TV . | | | |

MAIL TO:

Division of Business Services

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

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