RI SOS Filing Number: 202448793870 Date: 3/18/2024 11:20:00 AM



State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2023
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.

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3. NAICS Code 3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island \$\frac{3}{3} \cdot 20 \\ 5. State of Formation \text{R_I} 6. Principal Office Address 13. Wither Field Rd Notick NA 01760 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name \text{Contact Title} \text{Noticet Address} City State \text{Zip} Notick Namber Contact Title \text{Namber} Street Address City Natick Namber Street Address City Natick Namber State Zip 01760 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filling Form 642. 9. 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 \text{Date} Da	1. Entity ID Number	2. Exact name of the Limited Liability Company 5 MA 15 Yorls Ave LLC				
Salizo Real estate holding company 5. State of Formation RI 6. Principal Office Address 13 Wethers field Rd Natick State Zip Ontact Title Joseph Alberghini Street Address City Natick N	001727583					
5. State of Formation RI 6. Principal Office Address 13 Wethers field Address 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Joseph Alberghin: City Member City Member Street Address City Methers field Address City Methers field Address City Methers field Address Ol760 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. 9. 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 3-15-24	3. NAICS Code	1 _				
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	Name of Authorized Person		Date	Date		
	Joseph Alberghini		3-15-24			
	Signature of Authorized Person			<u></u>		

MAIL TO:

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