

RECD RIDOS BSD  
24 MAR 18 PM 12:41:44



State of Rhode Island  
Department of State - Business Services Division

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<br><b>001680955</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>46 Liberty Lane, LLC</b>                                                                                        |                    |
| 3. NAICS Code<br><b>531110</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>purchase, lease and manage real estate at 46 Liberty Lane, South Kingstown, RI</b> |                    |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                            |  |                                                                                                                                                                      |                    |
| 6. Principal Office Address<br><b>364 Card's Pond Road</b>                                                                                                                                              |  | City<br><b>Wakefield,</b>                                                                                                                                            | State<br><b>RI</b> |
| Zip<br><b>02879</b>                                                                                                                                                                                     |  |                                                                                                                                                                      |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                                                                      |                    |
| Contact Name<br><b>Karen Gail Kessler</b>                                                                                                                                                               |  | Contact Title<br><b>Manager</b>                                                                                                                                      |                    |
| Street Address<br><b>364 Card's Pond Road</b>                                                                                                                                                           |  | City<br><b>Wakefield</b>                                                                                                                                             | State<br><b>RI</b> |
| Zip<br><b>02879</b>                                                                                                                                                                                     |  |                                                                                                                                                                      |                    |
| 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<br><b>Karen Gail Kessler</b>                                                                                                                                                  |  | Date<br><b>3-12-2024</b>                                                                                                                                             |                    |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                                                                                      |                    |

FILED

MAR 18 2024

BY

TFYER

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)