



State of Rhode Island

Department of State - Business Services Division

**Annual Report for the year**  
**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.

FILED

MAR 19 2024

BY

1. Entity ID Number 558169		2. Exact name of the Limited Liability Company KOTLER LEVINE RHODE ISLAND VENTURE LLC	
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island TO HOLD AND INVEST IN REAL AND PERSONAL PROPERTY	
5. State of Formation MA			
6. Principal Office Address C/O SANDRA K. LEVINE, 13 BROOKFIELD ROAD		City ANDOVER	State MA
Zip 01810			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name SANDRA K. LEVINE		Contact Title MANAGER	
Street Address 13 BROOKFIELD ROAD		City ANDOVER	State MA
Zip 01810			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<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 SANDRA K. LEVINE			Date 3-9-2024
Signature of Authorized Person <i>Sandra K Levine</i>			

**MAIL TO:****Division of Business Services**

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

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