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## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 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.

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1 Entity ID Number	2 Evant name of the Limited Lie	shilib. Company			
	2. Exact name of the Limited Liability Company				
144116	OLSON & PARENT REALTY, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531390	Real estate holding and other legal business				
5 State of Formation		-			
Rhode Island					
6. Principal Office Address	<del></del>	City	State	Zıp	
417 Plainfield Street		Providence	RI	02902	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Thomas Olson		Contact Title			
Street Address 417 Plainfield Street		City Providence	State RI	<sup>Zip</sup> 02902	
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			
Thomas Olson		2-29-2024			
Signature of Authorized Person					

**FILED** 

MAR 20 2024 BY ML 58375

MAIL TO:

**Division of Business Services** 

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

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