

## State of Rhode Island Department of State - Business Services Division

FILED

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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.

1. Entity ID Number	2. Exact name of the Limited Liability Company		
001722961	459 Smith Pield Holdings LCC		
3. NAICS Code	4. Brief description of the charac	ter of business conducted in Rho	de Island
531110			
5. State of Formation			
RT_	heal Estate		
6. Principal Office Address		City	State Zip
120 Brown		Johnston	RT 02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name		Contact Title	
Hector Rosa		Managen Chy Johnston	
Street Address		CHY	State Zip
20 BROWN AVE		JUNASTON	182 0091/
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 Hector Rosa			Date
			3-25-24
Signature of Authorized Person			

MAIL TO:

**Division of Business Services** 

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

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