RI SOS Filing Number: 202449637650 Date: 3/27/2024 4:00:00 PM



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.

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1, Entity ID Number	2. Exact name of the Limited Liability Company					
001753635	422 High St. LLC. 4. Brief description of the character of business conducted in Rhode Island					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531210	Real State "Building"					
5. State of Formation	- • • • • • • • • • • • • • • • • • • •					
RI						
6. Principal Office Address		City	State	Zip		
422 High St		Cumberland	RI	02864		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title				
Julian Scaura Street Address		Owner. City Providence RT 02904				
Street Address U		City	State	Zip		
57 Vicksburg 5t		Providence	RI	02904		
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			
Julian Segura			03-27-2024			
Signature of Authorized Person						
the state of the s						

MAR 27 2024 BY 20eW

MAIL TO:

Division of Business Services

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

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