RI SOS Filing Number: 202450621240 Date: 4/8/2024 4:00:00 PM



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.



4 544 1941 76	las i in ii				
Entity ID Number	2. Exact name of the Limited Liability Company				
1691912	601-603 Washington Street LLC				
3 NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531110	Real Estate				
5. State of Formation					
Rhode Island					
6. Principal Office Address		City	State	Zip	
229 Old Plainfield Pike		Foster	RI	02825	
7. Mailing Address of Limited	Liability Company and Name	or Title of Contact Person			
Contact Name Duane Golomb		Contact Title			
Street Address 229 Old Plainfield Pike		City Foster	State	^{Zip} 02825	
8. The Resident Agent inform	ation currently of record with	the RI Department of State is a	ccurate. Changes require	e filing Form 642.	
	. I declare and affirm that I h tements contained herein a	nave examined this report, inc tree true and correct.	luding any accompany	ring schedules and	
Name of Authorized Person			Date	Date	
Duane Golomb			3~~~		
Signature of Authorized Person	on Nuntero	h			

FILED

MAIL TO:

Division of Business Services

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

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