

## 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.

		: D			
1. Entity ID Number 001712658		2 Exact name of the Limited Liability Company 265 BOWEN STREET, LLC			
3. NAICS Code 531311	Brief description of the character of business conducted in Rhode Island  Real estate management				
5. State of Formation RI					
6. Principal Office Address		City	State	Zip	
525 Montgomery Street Apt 215		Alexandria	VA	22314	
7 Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person	<b>_</b>	<u></u>	
Contact Name Stephen J. DiGianfilippo		Contact Title Attorney			
Street Address 50 Park Row West, Suite 107		City Providence	State RI	<sup>Zip</sup> 02903	
8. The Resident Agent Infor	mation currently of record with the	RI Department of State is accur	ate. Changes requir	e filing Form 642	
	y, I declare and affirm that I hav tatements contained herein are		ing any accompany	ing schedules and	
Name of Authorized Person			Date 1		
Minh H. Le, Manage	r		03/04/2024		
Signature of Authorized Per	son				

**FILED** 

MAIL TO:

**Division of Business Services** 

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

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