State of Dhodo Joland	Fee: \$50.00
State of Rhode Island Office of the Secretary of State	ree: \$50.00
Division Of Business Services	
148 W. River Street	
Providence RI 02904-2615	
1636 (401) 222-3040	
Limited Liability Company Annual Report Filing Period: February 1 - May 1	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024	
1. ID No. 001704318	
2. Exact Name of the Limited Liability Company <u>54 Coggeshall, LLC</u>	
3. State of Formation	
State: <u>RI</u>	
NAICS CODE	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>531110</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in RI Island	hode
REAL ESTATE PROPERTY	
5. Principal Office Address	
	<u>USA</u>
No. and Street: <u>861 ELM AVENUE</u>	<u>USA</u>
No. and Street: <u>861 ELM AVENUE</u> City or Town: <u>RIVER EDGE</u> State: <u>NJ</u> Zip: <u>07661</u> Country: 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>JOHN T. BUSTILLO</u> Contact Title: <u>PARTNER/MANAGER</u>	<u>USA</u>
No. and Street: <u>861 ELM AVENUE</u> City or Town: <u>RIVER EDGE</u> State: <u>NJ</u> Zip: <u>07661</u> Country: 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: JOHN T. BUSTILLO Contact Title: <u>PARTNER/MANAGER</u> No. and Street: <u>861 ELM AVE</u>	
No. and Street: <u>861 ELM AVENUE</u> City or Town: <u>RIVER EDGE</u> State: <u>NJ</u> Zip: <u>07661</u> Country: 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: JOHN T. BUSTILLO Contact Title: <u>PARTNER/MANAGER</u>	
No. and Street: <u>861 ELM AVENUE</u> City or Town: <u>RIVER EDGE</u> State: <u>NJ</u> Zip: <u>07661</u> Country: 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>JOHN T. BUSTILLO</u> Contact Title: <u>PARTNER/MANAGER</u> No. and Street: <u>861 ELM AVE</u>	

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 19 Day of April, 2024 at 12:34:19 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JOHN T. BUSTILLO

Signature of Authorized Person

Form No. 632 Revised 09/07

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