



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(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.** 001725624

**2. Exact Name of the Limited Liability Company** Woodpecker Properties LLC

**3. State of Formation**

State: RI

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531110

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

THE GENERAL CHARACTER OF THE BUSINESS OF THE LLC IS TO ACT AS REAL ESTATE OWNERS,

FOR THE PURPOSE OF PURCHASING, SELLING, LEASING, RENTING, BUILDING, ALTERING,

DEVELOPING, REPAIRING AND MANAGING REAL ESTATE AND FOR DOING ANY OTHER WORK IN

CONNECTION WITH ANY AND ALL CLASSES OF BUILDING AND TO ENGAGE IN ANY ACTIVITIES

DIRECTLY OR INDIRECTLY RELATED OR INCIDENTAL THERETO AND TO ENGAGE IN ANY OTHER

ACTIVITY IN WHICH A LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS MAY LAWFULLY ENGAGE.

**5. Principal Office Address**

No. and Street: 343 WASHINGTON STREET  
SUITE 201  
City or Town: NEWTON State: MA Zip: 02458 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name:      Contact Title:  
No. and Street: 343 WASHINGTON ST  
City or Town: NEWTON State: MA Zip: 02458 Country: US

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

PETER J. ROTELLI 2224 PAWTUCKET AVENUE EAST PROVIDENCE , RI 02914

**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 11:47:24 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 JOSHUA BLOOMBERG  
Signature of Authorized Person

Form No. 632  
Revised 09/07