RI SOS Filing Number: 202451533560 Date: 4/18/2024 4:00:00 PM

State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2024 **Limited Liability Company**

APR 1 8 2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

Entity ID Number	2. Exact name of the Limited Liability Company				
001699032	83 Spring Street, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531390	Real Estate				
5. State of Formation			•		
RI					
6. Principal Office Address		City	State	Zip	
83 Spring Street		Newport	RI	02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Michael W. Miller		Contact Title Registered Agent			
Street Address 122 Touro Street		City Newport	State RI	^{Zip} 02840	
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 / /	Date / /	
CASEY FASCIANO			3/4/	3/4/24	
Signature of Authorized Person					

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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