RI SOS Filing Number: 202451959900 Date: 4/22/2024 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.

| REC'D<br>24 fipr          |  |
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| 1 Entity ID Number 001755078   |                                  | 2. Exact name of the Limited Liability Company 602-604 SMITHFIELD AVENUE, LLC                    |              |                      |  |
|--|----------------------------------|--|--------------|----------------------|--|
| 3 NAICS Code 531311 5 State of Formation RI  | · '                              | Brief description of the character of business conducted in Rhode Island  Real Estate Management |              |                      |  |
| 6 Principal Office Address<br>610 Smithfield Aveni   | ue                               | City<br>Lincoln  | State<br>RI  | Zip<br>02865         |  |
| 7 Mailing Address of Limite  | ed Liability Company and Name or | Title of Contact Person  |              |                      |  |
| Contact Name Stephen J   | . DiGianfilippo                  | Contact Title Attorney   |              |                      |  |
| Street Address 50 Park Row West, Suite 107   |                                  | City Providence  | State RI     | <sup>Zıp</sup> 02903 |  |
| 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 Charles A. Lombardi, Sr.   |                                  | Date 4-1   | Date 4-10-24 |                      |  |
| Signature of Authorized Person   |                                  |  |              |                      |  |

3:44 BY ML 33289

MAIL TO:

**Division of Business Services** 

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

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