

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

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

2024

APR 2 3 2024 8)

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 001708891	2. Exact name of the Limited Liability Company The Avenue LLC			
3. NAICS Code 531390	Brief description of the character of business conducted in Rhode Island Real Estate			
5. State of Formation Rhode Island				
6. Principal Office Address		City	State	Zip
425 Bellevue Ave		Newport	RI	02840
7. Mailing Address of Limited	Liability Company and Name o	r Title of Contact Person		
Contact Name Robert McCann		Contact Title Member		
Street Address 425 Bellevue Ave		City Newport	State RI	^{Zıp} 02840
8. The Resident Agent inform	ation currently of record with th	e RI Department of State is accu	irate. Changes require	e filing Form 642.
	I declare and affirm that I have tements contained herein are	ve examined this report, include true and correct.	ding any accompany	ing schedules and
Name of Authorized Person			Date	
Robert McCann			4-(4-24
Signature of Authorized Person	on		,	·

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

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