RI SOS Filing Number: 202452474150 Date: 4/23/2024 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

APR 2 3 2024 TAIMP

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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.

| Entity ID Number | 2. Exact name of the Limite | 2. Exact name of the Limited Liability Company | | | |
|-----------------------------------|--|---|---------------------|----------------------|--|
| 001755020 | AB MANAGEMENT, LLC | AB MANAGEMENT, LLC | | | |
| 3. NAICS Code | 4. Brief description of the o | 4. Brief description of the character of business conducted in Rhode Island | | | |
| 531120 | REAL ESTATE | REAL ESTATE | | | |
| 5. State of Formation | | | | | |
| RI | | <u> </u> | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 161 OPHELIA STREET | | PROVIDENCE | RI | 02909 | |
| 7. Mailing Address of Limite | d Liability Company and Name o | r Title of Contact Person | | _ | |
| Contact Name BIANCA RAMOS | | Contact Title MANAGER | | | |
| Street Address 161 OPRELIA STREET | | City PROVIDENCE | State RI | Z ip 02909 | |
| 8. The Resident Agent infor | mation currently of record with the | e RI Department of State is acc | urate. Changes requ | ire filing Form 642. | |
| | l declare and affirm that I have tatements contained herein are | | ng any accompanyi | ng schedules and | |
| Name of Authorized Person | | ., | Date | | |
| BIANCA RAMOS | | | 03/28/24 | | |
| Signature of Authorized Per | rson | | | | |
| tawa ka | MUS- | | | | |

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri gov