

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.

FILED 1
APR 2 3 2024
BY/139031
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1. Entity ID Number 001764260	2. Exact name of the Limited Liability Company Sefton Avenue Properties, LLC 4. Brief description of the character of business conducted in Rhode Island To own and manage real estate			
3. NAICS Code 831311				
5. State of Formation Rhode Island			aaa	
6. Principal Office Address P.O. Box 2143		City Attleboro	State MA	Zip 02703
7. Mailing Address of Limite	ed Liability Company and Name	or Title of Contact Person		
Contact Name Michael Sullivan		Contact Title		
Street Address P.O. Box 2143		City Attleboro	State MA	^{Zıp} 02703
8. The Resident Agent info	rmation currently of record with	the RI Department of State is accu	urate. Changes require	filing Form 642.
Under penalty of periury.	I declare and affirm that I havitatements contained herein a	re examined this report, includir	ng any accompanying	g schedules and
Name of Authorized Person Michael Sullivan			Date 4/11/2-1	
Signature of Authorized Pe	erson Usul T. Ru	ub.		

MAIL TO:

Division of Business Services

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

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