

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

FILED STAMP

Annual Report for the year: 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.

APR 26 2024

1. Entity ID Number	2. Exact name of the Limited Liability Company				
001709255	100 Glen Road, LLC				
3 NAICS Code	Brief description of the character of business conducted in Rhode Island Ownership and management of real estate.				
531390					
5. State of Formation	1				
RI					
6. Principal Office Address		City	State	Zip	
87 Kingstown Road		Wyoming	RI	02898	
7. Mailing Address of Limited	Liability Company and Name or Titl	e of Contact Person	.	-	
Contact Name Paul P. Mihailides		Contact Title Manager			
Street Address 87 Kingstown Road		City Wyoming	State RI	^{Z_{ip}} 02898	
8. The Resident Agent informa	ation currently of record with the RI	Department of State is accur	rate. Changes require	filing Form 642	
9 Under penalty of perjury, statements, and that all stat	l declare and affirm that I have e ements contained herein are tru	xamined this report, include and correct.	ing any accompany	ing schedules and	
Name of Authorized Person			Date	!	
				4-12-24	
Signature of Authorized Person	on	·			

MAIL TO:

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