



**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.

**STAMP
FILED**
STATE OF RHODE ISLAND
APR 26 2024
 BY *[Signature]*

1. Entity ID Number 001742298		2. Exact name of the Limited Liability Company 181 BOON ST LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island RENTAL PROPERTY			
5. State of Formation RI					
6. Principal Office Address 1952 ROUTE 6		City CARMEL		State NY	Zip 10512
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name AMANDA MACHIN			Contact Title OFFICE MANAGER		
Street Address 1952 ROUTE 6		City CARMEL		State NY	Zip 10512
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. <i>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.</i>					
Name of Authorized Person KENNETH VOLZ				Date 04/22/2024	
Signature of Authorized Person <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
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