



**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**
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. 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.			
Name of Authorized Person KENNETH VOLZ		Date 04/22/2024	
Signature of Authorized Person <i>[Signature]</i>			

MAIL TO:

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