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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.



| 1. Entity ID Number | 2. Exact name of the Lim | 2. Exact name of the Limited Liability Company | | | | |
|-----------------------------------|--|--|------------------|--------------|----------------------|--|
| 001759390 | BWHQ LLC | | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | |
| 531120 | LESSORS OF NONRESIDENTIAL BUILDINGS (EXCEPT MINIWAREHOUSES) | | | | | |
| 5. State of Formation | | | | | | |
| RI | | | | | | |
| 6. Principal Office Address | | City | _ | State | Zıp | |
| 379 CHARLES STREET | | PROVIDENCE | | RI | 02904 | |
| 7. Mailing Address of Limite | d Liability Company and Name | or Title of Contact Persor | า | | | |
| Contact Name MARK GALENSKI | | Contact Title MEMBER | | | | |
| Street Address 379 CHARLES STREET | | City PROVIDENCE | | State RI | Zip 02904 | |
| 8. The Resident Agent infor | mation currently of record with t | he RI Department of Stat | e is accurate. (| Changes requ | ire filing Form 642. | |
| Under penalty of perjury, | I declare and affirm that I havi tatements contained herein ai | e examined this report, | | | | |
| Name of Authorized Person | | | Date | | | |
| MARK GALENSKI | | C4/ | | 04/17/24 | | |
| Signature of Anthorized Per | rson M | | · · · · · · | | | |
| | I aluk | | | | | |

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

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