

## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: **Limited Liability Company** 

2024

- → Filing period: February 1 May 1 → Filing Fee: \$50.00
- → Penalty. Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD '24 APR 19 AM11:27:0	ì	-	., ³	-	
:07				į	,

1 Entity ID Number		2 Exact name of the Limited Liability Company							
001707340	walden RI, LLC	Walden RI, LLC							
3. NAICS Code 531390		Brief description of the character of business conducted in Rhode Island     Any lawful business, unless a more limited purpose is adopted by							
5 State of Formation RI	amendment to the A	amendment to the Articles of Organization and/or the operating agreement.							
6 Principal Office Address		City	State	Zıp					
4 Clinton Square		Syracuse	NY	13202					
7 Mailing Address of Limite	ed Liability Company and Name or	Title of Contact Person	<b>I</b>						
Contact Name Thomas G	iraham	Contact Title Authorized Person							
Street Address c/o Pyramid, 4 Clinton Square		City Syracuse	State NY	<sup>Zıp</sup> 13202					
8. The Resident Agent infor	mation currently of record with the	RI Department of State is accu	rate. Changes require	filing Form 642					
	y, I declare and affirm that I hav tatements contained herein are		fing any accompany	ing schedules and					
Name of Authorized Person			Date						
Thomas Graham			4/18/2024						
Signature of Authorized Pe	Man Canadaca								

MAIL TO:

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

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