	State of Rhode Island Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
1630	(401) 222-3040	
Limited Liability Company Annual Report Filing Period: February 1 - May 1		
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.		
ANNUAL REPORT YEAR - EI	NTER THE CURRENT YEAR 2024 : <u>2024</u>	
1. ID No. <u>001719704</u>		
2. Exact Name of the Limited Liability Company <u>98 BVD LLC</u>		
3. State of Formation		
State: <u>RI</u>		
NAICS CODE		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
<u>531390</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
	WFUL BUSINESS, TRADE, PURPOSE, ACT OR A	<u>CTIVITY</u>
WHATSOEVER FOR WHICH I IMITED I LABILITY COMPANIES MAY BE ORGANIZED UNDER THE		
FOR WHICH LIMITED LIABILITY COMPANIES MAY BE ORGANIZED UNDER THE ACT AND		
WHICH PERTAIN TO ACQUIRING, OWNING, OPERATING, MANAGING, FINANCING,		
SELLING		
AND OTHERWISE DEALING WITH REAL PROPERTY AND THE DIRECT OR INDIRECT		
DEBT AND		
EQUITY INTERESTS THEREIN OR WHICH ARE INCIDENTAL THERETO OR RELATED		
TO THE		
FOREGOING.		
5. Principal Office Address		

No. and Street: <u>9401 INDIAN CREEK PARKWAY</u>

<u>SUITE 800</u>

City or Town:

OVERLAND PARK

State: KS Zip: 66210 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title: No. and Street: <u>9401 INDIAN CREEK PKWY, BLDG 40</u>

City or Town: OVERLAND PARK

State: KS Zip: 66210 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of April, 2024 at 2:08:30 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By PAUL BILLINGTON

Signature of Authorized Person

Form No. 632 Revised 09/07

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