

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

APR 3 0 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 Limited Liability Company				
697844	566 TOLLGATE	566 TOLLGATE ROAD, LLC			
3 NAICS Code	Brief description of the character of business conducted in Rhode Island Own and lease real estate				
531190					
5 State of Formation					
Rhode Island				_	
6. Principal Office Address		City	State	Zıp	
30 Exchange Terrace		Providence	RI	02903	
7 Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person			
Contact Name Peter A. Koch, Jr.		Contact Title			
Street Address 42 8th Street, #3528		City Charlestown	State MA	^{Zip} 02129	
8. The Resident Agent infor	mation currently of record with t	he RI Department of State is accura	te. Changes require	e filing Form 642.	
	y, I declare and affirm that I ha atements contained herein ar	eve examined this report, including true and correct.	ng any accompany	ing schedules and	
Name of Authorized Person			Date	[1]	
Peter A. Koch, Jr.			1 4111	14	
Signature of Authorized Per	son				

MAIL TO:

Division of Business Services

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