



**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.

**FILED**

MAY 01 2024

BY

1712370

|                                                                                                                                                                                                         |  |                                                                                                                                   |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1. Entity ID Number<br><u>17112370</u>                                                                                                                                                                  |  | 2. Exact name of the Limited Liability Company<br>Appian Way Property, LLC                                                        |             |
| 3. NAICS Code<br>531110                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>To own, sell, manage lease and operate real estate |             |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                   |  |                                                                                                                                   |             |
| 6. Principal Office Address<br>40 Byron Randall Road                                                                                                                                                    |  | City<br>North Scituate                                                                                                            | State<br>RI |
|                                                                                                                                                                                                         |  | Zip<br>02857                                                                                                                      |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                                   |             |
| Contact Name<br>John D. Dell'Oro                                                                                                                                                                        |  | Contact Title                                                                                                                     |             |
| Street Address<br>40 Byron Randall Road                                                                                                                                                                 |  | City<br>North Scituate                                                                                                            | State<br>RI |
|                                                                                                                                                                                                         |  | Zip<br>02857                                                                                                                      |             |
| 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<br>John D. Dell'Oro                                                                                                                                                           |  | Date<br>3.2.2024                                                                                                                  |             |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                                                   |             |

**MAIL TO:**

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