RI SOS Filing Number: 202453982690 Date: 4/29/2024 4:00:00 PM

| 470 |
|------|
| |
| .45. |
| |

State of Rhode Island Department of State - Business Services Division

Annual Report for the year:
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.

| 24 | |
|-------------------------------------|-----------|
| EC'D RIDOS BSD APR 29 FK12:51:09 | -, |

| 1. Entity ID Number 1061496 | • | Exact name of the Limited Liability Company Winterberry Road, LLC Brief description of the character of business conducted in Rhode Island Real Estate | | | |
|---------------------------------------|---|---|------------------------|----------------------|--|
| 3. NAICS Code 531110 | | | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 1368 Plainfield Pike | | Greene | RI | 02827 | |
| 7. Mailing Address of Limite | ed Liability Company and Name | or Title of Contact Person | | | |
| Contact Name | n Torgan Kheradi | Contact Title | | | |
| Street Address 1368 Plainfield Pike | | ^{City} Greene | State RI | ^{Zip} 02827 | |
| 8. The Resident Agent info | mation currently of record with | the RI Department of State is acc | curate. Changes requir | e filing Form 642. | |
| 9. Under penalty of perius | ry, I declare and affirm that I h tatements contained herein a | ave examined this report, inclu | iding any accompan | ring schedules and | |
| Name of Authorized Person | | Date | I | | |
| Emily-Beth Torgan Kheradi | | 4-6-24 | | | |
| Signature of Authorized Pe | rson | | | | |
| El! Will | ill | | | | |

W FILE

APR 2 9 2024

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 4318