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→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

		d rate - Business Services Division	
Annual Limited	Report for the year: Liability Company	2024	
	ng period: February 1 - nα Fee: \$50.00	May 1	

1. Entity ID Number 001673920							
3. NAICS Code 531110 5. State of Formation		15 Lovegreen, LLC  4. Brief description of the character of business conducted in Rhode Island own real estate  57:51:7% 03 26 03 26 05 36013 06					
Rhode Island		Ton	State				
6. Principal Office Address  15 Lovegreen Lane		City East Greenwich	RI	Zip 02818			
7. Mailing Address of Limite	d Liability Company and Name or Title	e of Contact Person					
Contact Name Keith O. Monchik		Contact Title Member					
Street Address 15 Lovegr	een Lane	City East Greenwich	State RI	<sup>Zip</sup> 02818			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642							
	y, I declare and affirm that I have ex latements contained herein are true		any accompa	nying schedules and			
Name of Authorized Person			Date //	/ /			
Keith O. Monchik			1 4/1	121			
Signature of Authorized Per	son // (23/			<del>'</del>			

FILE

APR 3 0 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