

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: QO

<u> 2024</u>

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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| Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
|---|---|-----------------|-------|----------|--|--|
| 001711721 | 95 TURNER AVENUE LLC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 531100 | | | | | | |
| 5. State of Formation | | | | | | |
| RI | LESSOR & Real ESTATE | | | | | |
| Principal Office Address | | City | State | Zıp | | |
| 41 Sevent St AF | 12 | EAST Providence | 27 | 02914 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name | Contact Title | | | | | |
| LUZ M Sozic | \ | | | _ | | |
| Street Address | | City | State | Zıp | | |
| I sevent ST Apt 2 | | EAST Providence | RI | 02914 | | |
| 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 | | | Date | <u>.</u> | | |
| LUZ M Song 1 4/23/28 | | | 2024 | | | |
| Signature of Authorized Person | | | | | | |
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BY NX 045 E

MAIL TO:

Division of Business Services

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

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