

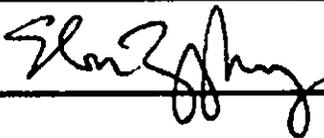


State of Rhode Island
Department of State - Business Services Division

REC'D RIDING BSD
 24 MAY 10 PM 12:56:57

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.

1. Entity ID Number 001715725		2. Exact name of the Limited Liability Company 58 FOUNTAIN NCM LLC	
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE ACQUISITION, HOLDING, OPERATION, MANAGEMENT, LEASING AND SALES	
5. State of Formation CT			
6. Principal Office Address 2 ENTERPRISE DRIVE SUITE 406		City SHELTON	State CT
Zip 06484			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name ELON ZAPINSKY		Contact Title	
Street Address 2 ENTERPRISE DRIVE SUITE 406		City SHELTON	State CT
Zip 06484			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person ELON ZAPINSKY			Date 5/9/2024
Signature of Authorized Person 			

FILED

MAY 10 2024
 BY S7Q79
 KJ

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov