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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

| | 1 6 2024 | |
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| 141 | 402 | \$\sum_ |

| 1 Entity ID Number 1631058 | 2. Exact name of the Limited Liability Company General Consolidated Properties, LLC | | | | |
|---|--|------------------------------------|----------------------|----------------------|--|
| 3 NAICS Code 53 /// 0 5 State of Formation Rhode Island | 4. Brief descript on of the character of business conducted in Rhode Island Purpose is to own, sell and manage residential real estate and any other lawful purpose. | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 329 Central Street | | Central Falls | R.I. | 02863 | |
| 7. Mailing Address of Limite | d Liability Company and Name o | Title of Contact Person | | | |
| Contact Name Kevin Kazarian | | Contact Title Member | | | |
| Street Address 329 Central Street | | City Central Falls | State R.1. | ^{Zip} 02863 | |
| 8. The Resident Agent infor | mation currently of record with th | e RI Department of State is accura | ite. Changes require | e filing Form 642 | |
| | y, I declare and affirm that I ha tatements contained herein are | ve examined this report, including | ng any accompany | ring schedules and | |
| Name of Authorized Person | | trae and confeet. | Date | | |
| Kevin Kazarian | / _ | | 5-14 | 424 | |
| Signature of Authorized Per | son Am | | | | |
| | <u> </u> | | | | |

MAIL TO:

Division of Business Services

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