

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.

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1. Entity ID Number	2. Exect name of the Limited Liability Company					
001701591	PLAINFIELD	LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531390	REAL ESTA	~~~				
5. State of Formation	T KCHI CSTA					
RI	·		•			
6. Principal Office Address		City	State	Zip		
353 Shumankanuc Hill RD		Charlestown	RI	02813		
7. Mailing Address of Limited L	lability Company and Name or	Title of Contact Person				
Central Name		Contact Title				
Joseph Therou	X		•			
Street Address		City	State	Zip		
SAME						
والمناب المتأول المتاول		RI Department of State is accurate				
9. Under penalty of perjury, i statements, and that all state		examined this report, including rue and correct.	any accompany	ring schedules and		
Name of Authorized Person			Date			
JOECH T	ThERAUX		3/16	124		
Signature of Authorized Person			/			
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MAIL TO:

Division of Business Services

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