RI SOS Filing Number: 202454663110 Date: 5/21/2024 9:50:00 AM

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State of Rhode Island Department of State - Business Services Division

→ 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	2. Exact name of the Limited Liability Company				
001734236 3. NAICS Code 531390	4. Brief description of the character of business conducted in Rhode Island Apartment Building owner/operator				
5. State of Formation Rhode Island		•			
6. Principal Office Address	<u></u>	City	State	Zip	
9 Timblerline Drive	•	Walople	MA	02081	
7 Mailing Address of Limite	d Liability Company and Name o	r Title of Contact Person			
Contact Name Christopher Hummel		Contact Title Owner			
Street Address 9 Timberline Drive		City Walpole	State MA	^{Zip} 02081	
8. The Resident Agent infor	mation currently of record with the	e RI Department of State is accu	rate. Changes require	filing Form 642	
	y, I declare and affirm that I hav atements contained herein age		ding any accompany	ing schedules and	
Name of Authorized Person Christopher Hummel			Date 5/21/2024		
Signature of Authorized Per	son Julius	(

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 13

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