

FILED
MAY: 2 8' 2021
BY

Annual Report for the year: 202 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	2. Exact name of the Limite Kala Prop	d Liability Company out is LLC.		
3. NAICS Code 5. State of Formation Rhode Island	4. Brief description of the character of business conducted in Rhode Island Commercial bldg. bling blased to a R. D. Company, landlord to building.			
6. Principal Office Address 1655 Elmwood U	lie.	Cranofm	State L.	^{Zip} 02910
7. Mailing Address of Limited Lia	bility Company and Name or	Title of Contact Person		
Contact Name Kate Smith		Contact Title OWNCH		
Street Address 15 Spanter Strut		Janestown.	State O.	zip 02835
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 22 2	
Signature of Authorized Person	1			

MAIL TO:

Division of Business Services

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

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