State of Rhode Island Office of the Secretary of State Fee: \$50.0 Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Exact Name of the Limited Company failing or refusing to file its annual report within thirty (30) days after the time prescribed by Iaw (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024 1. ID No. 001735975 2. Exact Name of the Limited Liability Company 30 Melrose LLC 3. State of Formation State: RI
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: February 1 - May 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024 1. ID No. 001735975 2. Exact Name of the Limited Liability Company <u>30 Melrose LLC</u> 3. State of Formation
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2. Exact Name of the Limited Liability Company <u>30 Melrose LLC</u> 3. State of Formation
3. State of Formation
State: <u>RI</u>
NAICS CODE
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>999999</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island
<u>REAL ESTATE</u>
5. Principal Office Address
No. and Street: <u>30 MELROSE AVE</u>
City or Town: <u>JAMESTOWN</u> State: <u>RI</u> Zip: <u>02835</u> Country: <u>USA</u>
City or Town: JAMESTOWN State: <u>RI</u> Zip: <u>02835</u> Country: <u>USA</u>
City or Town: JAMESTOWN State: RI Zip: 02835 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
City or Town: JAMESTOWN State: RI Zip: 02835 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: PERRY WHEELOCK Contact Title:
City or Town: JAMESTOWN State: RI Zip: 02835 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: PERRY WHEELOCK Contact Title: 30 MELROSE AVE Vertice of Contact Person:

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 29 Day of May, 2024 at 1:46:03 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By PERRY WHEELOCK

Signature of Authorized Person

Form No. 632 Revised 09/07

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