

## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 1024-**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 Limited Liability Company			
001744958	840 ATwells Ave LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
531390 5. State of Formation	Real Estate			
RI				
6. Principal Office Address		City	State	Zip
95 Gray Street		Providence	RI	02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Carlos Juarez		Owner		
Street Address	_		State	Zip
95 Gray Street		Providence	RI	02909
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	
Carlos Jua		6/27/2024		
Signature of Authorized Persen				

m FILED 123

JUN 27 2024

BY SDNBV

MAIL TO:

**Division of Business Services** 

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

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