

State of Rhode Island Department of State - Business Services Division

JUL 1:2 r20241F

Annual Report for the year: 2024 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	2. Exact name of the Limited Liability Company			
001705289	149 Lincoln LLC	4. Brief description of the character of business conducted in Rhode Island Residential real estate rentals			
3. NAICS Code					
53110	Residential real estat				
5. State of Formation					
RI					
6. Principal Office Address	<u> </u>	City	State	Zip	
1580 Wampanoag Trail, #200E		Barrington	RI	02806	
7. Mailing Address of Limi	ted Liability Company and Name or	Title of Contact Person			
Contact Name Christopher E. Cuzzone		Contact Title Operating Manager			
Street Address 1580 Wampanoag Trail, #200E		City Barrington	State	^{Z_{ip}} 02806	
8. The Resident Agent info	armation currently of record with the	RI Department of State is accur	ate. Changes require	e filing Form 642.	
	ury, I declare and affirm that I have statements contained herein are t		ing any accompany	ring schedules and	
	Name of Authorized Person			Date	
Name of Authorized Person	•••				

MAIL TO:

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