

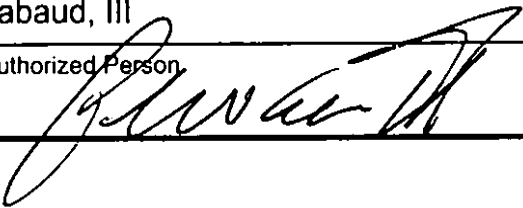


State of Rhode Island  
Department of State - Business Services Division

REC'D RIDGESS BSO  
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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<br><b>001749481</b>  |  | 2. Exact name of the Limited Liability Company<br><b>673 Bellevue, LLC</b>   |                        |                     |
| 3. NAICS Code<br><b>531390</b>   |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Manage and Invest in Real Estate</b> |                        |                     |
| 5. State of Formation<br><b>RI</b>   |  |  |                        |                     |
| 6. Principal Office Address<br><b>10 Weybosset Street, Suite 800</b>   |  | City<br><b>Providence</b>  | State<br><b>RI</b>     | Zip<br><b>02903</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |  |                        |                     |
| Contact Name<br><b>Philip G. Cabaud, III</b>   |  | Contact Title<br><b>Member</b>   |                        |                     |
| Street Address<br><b>15 Green Hill Avenue</b>  |  | City<br><b>Wakefield</b>   | State<br><b>RI</b>     | Zip<br><b>02879</b> |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.  |  |  |                        |                     |
| 9. <i>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.</i> |  |  |                        |                     |
| Name of Authorized Person<br><b>Philip G. Cabaud, III</b>  |  |  | Date<br><b>7/11/24</b> |                     |
| Signature of Authorized Person<br>  |  |  |                        |                     |

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BY By HVQ  
AK

MAIL TO:

Division of Business Services  
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