

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

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SECRETARY RPORAT	TYTU LOE STATE
2024 JUL 29	AM 11: 1, 1

Annual Report for the year: **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.

2023

Entity ID Number	2. Exact name of the Limited I	2. Exact name of the Limited Liability Company			
001728254	EB HOLDINGS, LLC				
3. NAICS Code 531110	Brief description of the character of business conducted in Rhode Island     REAL ESTATE HOLDING COMPANY				
5. State of Formation					
6. Principal Office Address		City	State	Zip	
39 BROOK STREET		BARRINGTON		02806	
7. Mailing Address of Limited	Liability Company and Name or Ti	tle of Contact Person	1.	<b>'</b>	
Contact Name ROBERT B	OHLEN	Contact Title MEMBER			
Street Address 37 BLOOK STREET		City BARRINGTON	State RI	<sup>Z<sub>ip</sub></sup> 02806	
8. The Resident Agent inform	nation currently of record with the R	I Department of State is accurate	e. Changes requir	e filing Form 642.	
	, I declare and affirm that I have of tements contained herein are tru		any accompany	ving schedules and	
Name of Authorized Person			Date	, ,	
ROBERT BOHLEN			7/24/24		
Signature of Authorized Pers	on Con				

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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