



State of Rhode Island  
Department of State - Business Services Division

REC'D RI SOS BSD  
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Annual Report for the year:  
Limited Liability Company

2024

- 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>001756118                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br>A.L.I. 299 LLC                                    |               |
| 3. NAICS Code<br>531110                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>used for Real Estate |               |
| 5. State of Formation<br>R.I.                                                                                                                                                                           |  |                                                                                                     |               |
| 6. Principal Office Address<br>596 Broad St                                                                                                                                                             |  | City<br>R.I.                                                                                        | State<br>R.I. |
|                                                                                                                                                                                                         |  | Zip<br>02907                                                                                        |               |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                     |               |
| Contact Name<br>596 Carl King                                                                                                                                                                           |  | Contact Title<br>owner                                                                              |               |
| Street Address<br>596 Broad St                                                                                                                                                                          |  | City<br>Providence                                                                                  | State<br>R.I. |
|                                                                                                                                                                                                         |  | Zip<br>02907                                                                                        |               |
| 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<br>Carl King                                                                                                                                                                  |  | Date<br>8/19/24                                                                                     |               |
| Signature of Authorized Person<br>Carl King                                                                                                                                                             |  |                                                                                                     |               |

FILED

AUG 19 2024  
BY 22111 PJ

MAIL TO:

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