

State of Rhode Island

Department of State - Business Services Division

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Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

Annual Report for the year:

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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2. Exact name of the Limited Liability Company OU 1685966 2. Exact name of the Limited Liability Company Out 1685966				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
5. State of Formation	Investment in and leasing of commercial			
PT PT	Investment in and leasing of commercial and residential real estate			
6. Principal Office Address	1 01	City /	State	Zip
2068 Broad St.		(Vanston	KI	02905
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Eli Schwartz		Contact Title Manager		
Street Address PD Pox 302067		city Jamaita Plain	State MH	zip 02130
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 Ti Chwartz		Manager	Date	[0/24
Signature of Authorized Person Manaday Manaday				

FILED

SEP 1 0 2024

BY____

MAIL TO:

Division of Business Services

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

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