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State of Rhode Island

**Department of State - Business Services Division** 

Annual Report for the year: Partnership (LP, LLP, LLLP)

2004

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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



			<u> </u>	
1. Entity ID Number	2. Exact Name of the Pa	rtnership		
1697285	MAS DE	2 LP		
3. NAICS Code	4. Brief description of the	character of business conducte	ed in Rhode Island	
5. State of Formation	REAL E	State		
EL			•	
6. Principal Office Address		City	State	Zip
174 EHFIELD	AUE	PROU	RI	02908
7. The name and business addr LP and LLLP only: an amendment i			301 (domestic) or Form 3:	51 (foreign).
PARTNER	BUSINE	SS ADDRESS		
MICHAGO A. SO	PLONION 179	+ ENFIELD AND	PROV R	F 02908
			i	
8. Under penalty of perjury, I de and correct.	clare and affirm that I have	e examined this report, and that	all statements contain	ed herein are true
Name of General Partner or Al MICHAGU A	·	•	Date	1/2024
Signature of General Partner of		ative		
		<u></u>	<del></del>	

MAIL TO:

**Division of Business Services** 

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

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

OCT 17 2024 FORM - 634 Revised: 12/2023

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

October 17, 2024 11:35 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

