RI SOS Filing Number: 202460941840 Date: 10/31/2024 1:04:00 PM

| State of Rhode Island Department of State - Business Services Division | REC'D '24 OCT |
|---|------------------|
| Annual Report for the year: Limited Liability Company | T 31 PM |
| → Filing period: February 1 - May 1 → Filing Fee: \$50.00 > Penetry Additional \$25.00 for if form in not filed by May 21 | .:00:1 058 6 |
| → Penalty: Additional \$25.00 fee if form is not filed by May 31. | |

| 1. Entity ID Number | 2. Exact name of the Limited Lia | ibility Company | | | |
|---|------------------------------------|-----------------------------------|-----------|-------|--|
| 1708934 | CW BU | uldings L | C | | |
| 3. NAICS CODE | 4. Brief description of the charac | cter of business conducted in Rho | de Island | | |
| 5. State of Formation | Billiards Bo | ar and Grilk | | | |
| 6. Principal Office Address | , | City | State | Zip | |
| \$ 928 Plainfi | el St. | Johnston | RI | 08911 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name | | Contact Title | | | |
| (hristopher | lackson | Owner | | _ | |
| Street Address Spring 1 | ike Rd | Harnsulle | State | 02830 | |
| 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 | ackson | | Date 03 | 2021 | |
| Signature of Authorized Person | L fach. | | 1 | 1 | |
| | | | | | |

MAIL TO:

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

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

OCT 31 2024

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FORM 632 - Revised: 12/2023