



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
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.

1. Entity ID Number 001731657	2. Exact name of the Limited Liability Company 543 Branch ave LLC		
3. NAICS Code 53110	4. Brief description of the character of business conducted in Rhode Island Real Estate		
5. State of Formation Rhode Island			
6. Principal Office Address 69 Hamlin Street	City Providence	State RI	Zip 02907
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Juan Tejada		Contact Title Manager	
Street Address 69 Hamlin Street		City Providence	State RI Zip 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 Juan Tejada		Date 12/05/2024	
Signature of Authorized Person 			

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 10:01

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BY NIDSB



FORM 632 - Revised 12/2023