

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

2025	

1. Entity ID Number	2. Exact name of the Limited	2. Exact name of the Limited Liability Company				
528637	27-29 Kenyon Avenue, LLC					
3. NAICS Code 531110	Brief description of the character of business conducted in Rhode Island Ownership and management of real estate					
5. State of Formation						
6. Principal Office Address		City	State	Zip		
31 Dorr Road		Newton	MA	02458		
7. Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person				
Contact Name Brian Lanr	Contact Title		iting Manager			
Street Address 31 Dorr Road		City Newton	State MA	^{Zip} 02458		
8. The Resident Agent info	rmation currently of record with the	e RI Department of State is acc	curate. Changes require	e filing Form 642.		
9. Under penalty of perjui	ry, I declare and affirm that I hav tatements contained herein are	e examined this report, inclu	iding any accompany	ing schedules and		
Name of Authorized Person			Date /- 1 - 2 0 2 5			
Brian Lannery			1-8-20			
Signature of Authorized Pe	rson Sna 2	az				

MAIL TO:

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