RI SOS Filing Number: 202562511040 Date: 1/10/2025 4:00:00 PM



## State of Rhode Island Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company** 

2025

JAN 10 2025 10533 TZ

→ 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                               | Exact name of the Limited Liability Company     10-16 Benjamin, LLC      4. Brief description of the character of business conducted in Rhode Island     Ownership and management of real estate |                                  |                         |                      |
|---|--|----------------------------------|-------------------------|----------------------|
| 001703222   |  |                                  |                         |                      |
| 3. NAICS Code<br>531110                           |  |                                  |                         |                      |
| 5. State of Formation                             |  |                                  |                         |                      |
| 6. Principal Office Address                       |  | City                             | State                   | Zip                  |
| 31 Dorr Road                                      |  | Newton                           | MA                      | 02458                |
| 7. Mailing Address of Limit                       | ed Liability Company and Name o  | or Title of Contact Person       |                         |                      |
| Contact Name Brian Lannery                        |  | Contact Title Operating Manager  |                         |                      |
| Street Address 31 Dorr Road                       |  | City Newton                      | State                   | <sup>Zip</sup> 02458 |
| 8. The Resident Agent info                        | ormation currently of record with the  | ne RI Department of State is acc | curate. Changes require | filing Form 642.     |
| 9. Under penalty of perjustatements, and that all | iry, I declare and affirm that I ha<br>statements contained herein ar  | e true and correct.              | iding any accompany     | ing schedules and    |
| Name of Authorized Person Brian Lannery           |  |                                  | Date /- 9 - 2025        |                      |
| Signature of Authorized P                         | erson S  |                                  |                         |                      |

MAIL TO:

Division of Business Services

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