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

Annual Report for the year: 2025

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              | 2. Exact name of the Limited Liability Company                           |                                   |                         |                      |
|----------------------------------|--|-----------------------------------|-------------------------|----------------------|
| 001739011                        | 855 River Street   | 855 River Street, LLC             |                         |                      |
| 3. NAICS Code                    | Brief description of the character of business conducted in Rhode Island |                                   |                         |                      |
| 531390                           | Real Estate  |                                   |                         |                      |
| 5. State of Formation            |  |                                   |                         |                      |
| RI                               |  |                                   |                         |                      |
| 6. Principal Office Address      | <del></del>  | City                              | State                   | Zip                  |
| 17 Ridgehill Road                |  | Assonet                           | MA                      | 02702                |
| 7. Mailing Address of Limite     | d Liability Company and Name   | or Title of Contact Person        |                         |                      |
| Contact Name<br>Jonathan Costa   |  | Contact Title Manager             |                         |                      |
| Street Address 17 Ridgehill Road |  | City Assonet                      | State MA                | <sup>Zip</sup> 02702 |
| 8. The Resident Agent infor      | nation currently of record with  | the RI Department of State is acc | surate. Changes require | filing Form 642.     |
| 9. Under penalty of perjur       | y, I declare and affirm that I h<br>atements contained herein a          | ave examined this report, inclu   | iding any accompany     | ing schedules and    |
| Name of Authorized Person        |  |                                   | Date                    |                      |
| Jonathan Costa                   |  |                                   | 1/8/2025                |                      |
| Signature of Authorized Per      | son  |                                   |                         |                      |

MAIL TO:

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FORM 632 - Revised, 12/2025