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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 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.

| REC '25 J | |
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| 1. Entity ID Number 000781912 | Exact name of the Limited Liability Company S5 Gooding Avenue, LLC | | | | | |
|---|---|---------------------|----------|----------------------|--|--|
| 3. NAICS Code 53 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Brief description of the character of business conducted in Rhode Island Primarily engaging in Renting or Leasing Real Estate | | | | | |
| 6. Principal Office Address | | City | State | Zip | | |
| 85 Gooding Av | | Bristol | RI | 02809 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name John Moss | | Contact Title Owner | | | | |
| Street Address 274 Wood St | | City Bristol | State RI | ^{Zip} 02809 | | |
| 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 | | | Date | | | |
| Joseph Moss | | | 1/14/25 | | | |
| Signature of Authorized Person | | | | | | |

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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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