		Date: 1/23/2025 4:00:00 P	M 25 JA	
Annual Report for the year: Limited Liability Company → Filing period February 1 → Filing Fee. \$50 00	2025 - May 1 fee if form is not filed by May 31	UI11	P RIDOS BSD N 23 HKI1:01:05	

Entity ID Number	2. Exact name of the Limited	2. Exact name of the Limited Liability Company					
000090281	545 P Associates	545 P Associates LLC					
3 NAICS Code 531120		Brief description of the character of business conducted in Rhode Island Renting of commercial space to tenants.					
5 State of Formation RI	Title: 7-16	Title: 7-16					
6 Principal Office Address		City	State	Zip			
3956 Post Rd, Ste A102		Warwick	RI	02886			
7 Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person					
Contact Name Tammy Collins		Contact Title Resident Agent					
Street Address 85 Crestwood Dr		^{C-ty} West Warwick	State RI	^{Zıp} 02893			
8 The Resident Agent info	mation currently of record with the	RI Department of State is accurate	e. Changes require	e filing Form 642			
9 Under penalty of perjui	y, I declare and affirm that I have tatements contained herein are t	e examined this report, including	any accompany	ring schedules and			
Name of Authorized Person			Date				
Tammy Collins			1/21/2025				
Signature of Authorized Pe	rson () () ()						

FILED 11:0)

JAN 23 2025

BY SPDFE

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3940 **Website:** www.sos.ri.gov