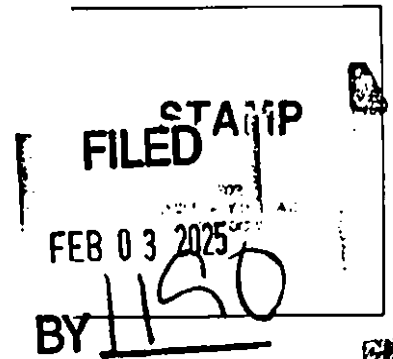
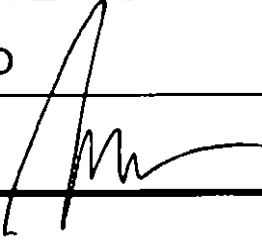


State of Rhode Island  
Department of State - Business Services DivisionAnnual Report for the year: 2025  
Limited Liability Company

- 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<br><b>01701043</b>                                                                                                                                                                  |  | 2. Exact name of the Limited Liability Company<br><b>184-186 IVES STREET, LLC</b>                                 |                        |                     |
| 3. NAICS Code<br><b>531390</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>SELL AND MANAGE REAL ESTATE</b> |                        |                     |
| 5. State of Formation<br><b>MA</b>                                                                                                                                                                      |  |                                                                                                                   |                        |                     |
| 6. Principal Office Address<br><b>820 HALE STREET</b>                                                                                                                                                   |  | City<br><b>BEVERLY</b>                                                                                            | State<br><b>MA</b>     | Zip<br><b>01915</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                   |                        |                     |
| Contact Name<br><b>NICOLA SAVIGNANO</b>                                                                                                                                                                 |  | Contact Title<br><b>MANAGER</b>                                                                                   |                        |                     |
| Street Address<br><b>820 HALE STREET</b>                                                                                                                                                                |  | City<br><b>BEVERLY</b>                                                                                            | State<br><b>MA</b>     | Zip<br><b>01915</b> |
| 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<br><b>NICOLA SAVIGNANO</b>                                                                                                                                                    |  |                                                                                                                   | Date<br><b>1/26/25</b> |                     |
| Signature of Authorized Person<br>                                                                                   |  |                                                                                                                   |                        |                     |