

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

Stamp FOR STATE

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 001663376	2. Exact name of the Limite M.O.D.Y.C., LLC	2. Exact name of the Limited Liability Company M.O.D.Y.C., LLC 4. Brief description of the character of business conducted in Rhode Island rental property			
3. NAICS Code 531110	1				
5. State of Formation RI					
6. Principal Office Address 14 Gerry Street		City Cambridge	State MA	Zip 02138	
7. Mailing Address of Limite	ed Liability Company and Name or	Title of Contact Person		<u>.</u>	
Contact Name Richard Allen Plumb		Contact Title Authorized Person			
Street Address 14 Gerry Street		City Cambridge	State MA	Zip 02138	
8. The Resident Agent infor	rmation currently of record with the	RI Department of State is ac	curate. Changes requ	ire filing Form 642.	
	I declare and affirm that I have datements contained herein are		ing any accompany	ing schedules and	
Name of Authorized Person Richard A Plumb			Date 1/2	Date 1/26/25	
Signature of Authorized Per	rson		•		

FILED

MAIL TO:

Division of Business Services

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

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