RI SOS Filing Number: 202564503070 Date: 2/5/2025 4:00:00 PM

TO THE 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.

| 4 5-6-15 M   |   |                         |          |                      |  |
|--|---|-------------------------|----------|----------------------|--|
| Entity ID Number   | 2. Exact name of the Limited Liability Company                              |                         |          |                      |  |
| 1713108  | 450 WARREN, LLC   |                         |          |                      |  |
| 3. NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island |                         |          |                      |  |
| 531390   | TO BUY SELL & INVEST IN REAL ESTATE   |                         |          |                      |  |
| 5. State of Formation  |   |                         |          |                      |  |
| RI   |   |                         |          |                      |  |
| 6. Principal Office Address  |   | City                    | State    | Zip                  |  |
| 870 OAKLAWN AVEN   | AWN AVENUE CRANSTON   |                         | RI       | 02920                |  |
| 7. Mailing Address of Limited  | Liability Company and Name or   | Title of Contact Person |          | _                    |  |
| Contact Name<br>DAVID LUC  | IVERO   | Contact Title MEMBER    |          |                      |  |
| Street Address PO BOX 40266 CRA  |   | City CRANSTON           | State RI | <sup>Zip</sup> 02920 |  |
| 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.  1 |   |                         |          |                      |  |
| Name of Authorized Person  | 1   |                         | Date     | -/-                  |  |
| DAVID LUCIWERTO  |   |                         |          |                      |  |
| Signature of Authorized Berson   |   |                         |          |                      |  |

MAIL TO:

**Division of Business Services**148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 2:27
FEB **05** 2025
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