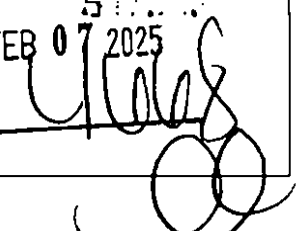


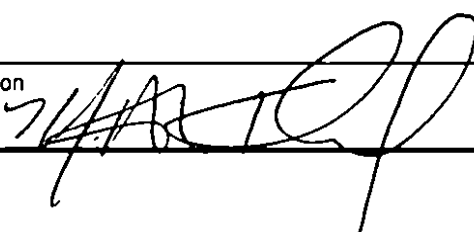


State of Rhode Island  
Department of State - Business Services Division

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.

FILED  
FEB 07 2025  
BY 

|                                                                                                                                                                                                         |  |                                                                                                                           |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------|-------------------|
| 1. Entity ID Number<br>001702068                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br>NORWOOD VENTURES, LLC                                                   |                   |
| 3. NAICS Code<br>531390                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>SELL, MANAGE, INVEST AND LEASE REAL ESTATE |                   |
| 5. State of Formation<br>RI                                                                                                                                                                             |  |                                                                                                                           |                   |
| 6. Principal Office Address<br>180 CANDY APPLE LANE                                                                                                                                                     |  | City<br>NO. KINGSTOWN                                                                                                     | State<br>RI       |
|                                                                                                                                                                                                         |  | Zip<br>02874                                                                                                              |                   |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                           |                   |
| Contact Name<br>MATTHEW GRAUL                                                                                                                                                                           |  | Contact Title<br>MEMBER                                                                                                   |                   |
| Street Address<br>180 CANDY APPLE LANE                                                                                                                                                                  |  | City<br>NO. KINGSTOWN                                                                                                     | State<br>RI       |
|                                                                                                                                                                                                         |  | Zip<br>02874                                                                                                              |                   |
| 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>MATTHEW GRAUL                                                                                                                                                              |  |                                                                                                                           | Date<br>1/30/2025 |
| Signature of Authorized Person<br>                                                                                   |  |                                                                                                                           |                   |

MAIL TO:

Division of Business Services  
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