

FIELD

FEB 14 2025 0

Annual Report for the year: 1 **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. Brief description of			2. Exact name of the Limited Liability Company 490 OB, LLC		
Real Estate	the character of business conducted	in Rhode Island	<u> </u>		
	City Providence	State RI	Zip 02903		
bility Company and Na	me or Title of Contact Person				
Contact Name Jeremy Sherer Street Address 116 Orange Street		Contact Title Operating Manager			
	City Providence	State RI	Z _{ip} 02903		
on currently of record w	ith the RI Department of State is accu	urate. Changes require	e filing Form 642		
lare and affirm that I i	have examined this report including	g any accompanyin	g schedules and		
		Date 25			
w					
	on currently of record w	Providence ability Company and Name or Title of Contact Person Contact Title Operating M City Providence on currently of record with the RI Department of State is accusate and affirm that I have examined this report, including nents contained herein are true and correct.	Providence RI ability Company and Name or Title of Contact Person Contact Title Operating Manager City Providence State RI on currently of record with the RI Department of State is accurate. Changes require clare and affirm that I have examined this report, including any accompanying ments contained herein are true and correct. Date Z 6		

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

Phone: (401) 222-3040 Website: www.sos.ri.gov