State of Rhode Island
Department of State - Business Services Division

FILED
FEB 17 2025
BY 0843

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	2. Exact name of the Limited Liability Company		
001721699	Caldwell Multifamily, LLC		
3. NAICS Code	4 Brief description of the character of business conducted in Rhode Island		
531110	Acquire, build, own and manage investment real estate.		
5. State of Formation			
RI			
6. Principal Office Address	City	State	Zip
6500 Post Road	North Kingstown	RI	02852
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: Christina R. Caldwell	Contact Title: Member		
Street Address: 6500 Post Road	City: North Kingstown	State: RI	Zip: 02852
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: Christina R. Caldwell		Date: 2/10/2025	
Signature of Authorized Person:			

MAIL TO:
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