

State of Rhode Island Department of State - Business Services Division

FILED

Annual Report for the year: Limited Liability Company

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→ Filing period: February 1 - May 1

FEB 1 7 2025

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 Limite	d Liability Company and Name or Title of	of Contact Person	1	1
Contact Name Christina R. Caldwell		Contact Title Member		
Street Address 6500 Post Road		City North Kingstown	State RI	^{Zip} 02852
8. The Resident Agent infor	mation currently of record with the RI De	epartment of State is accurate	Changes require	e filing Form 642.
	y, I declare and affirm that I have exai atements contained herein are true a		any accompany	ring schedules and
Name of Authorized Person			Date	
Christina R. Caldwell			2/10	12025
Signature of Authorized Per	m_	_	7	

MAIL TO:

Division of Business Services

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