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State of Rhode Island Department of State - Business Services Division

FEB 1

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 STAMP					
FEB 1 9 2025.					
BY_ 1050"					

1. Entity ID Number	2. Exact name of the Limited Liability Company			
000133069	M. Bestwick Associates, LLC			
3. NAICS Code 531390	Brief description of the character of business conducted in Rhode Island Any lawful business buying, selling, developing and holding real estate.			
5. State of Formation RHODE ISLAND				
6. Principal Office Address		City	State	Zip
4019 Quaker Lane		North Kingstown	RI	02852
7. Mailing Address of Limited 1	iability Company and Name or T	itle of Contact Person	· · · · · · · · · · · · · · · · · · ·	
Contact Name Michael S. Bestwick		Contact Title Member		
Street Address 4019 Quaker Lane		City North Kingstown	State RI	^{Zip} 02852
8. The Resident Agent informa	tion currently of record with the F	RI Department of State is accurate.	Changes require	e filing Form 642.
	l declare and affirm that I have ements contained herein are tr	examined this report, including a ue and correct.	any accompany	ing schedules and
Name of Authorized Person			Date)	
Michael S. Bestwick, Member			2/13	1/28
Signature of Authorized Perso	2) Moreon	2)	•	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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