



State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year: 2022  
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<br>001676886                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br>Silver Spring LLC                                             |              |
| 3. NAICS Code<br>531120                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>Lessor of commercial real estate |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                   |  |                                                                                                                 |              |
| 6. Principal Office Address<br>444 Silver Spring Street                                                                                                                                                 |  | City<br>Providence                                                                                              | State<br>RI  |
|                                                                                                                                                                                                         |  |                                                                                                                 | Zip<br>02904 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                 |              |
| Contact Name<br>Doug Blum                                                                                                                                                                               |  | Contact Title<br>Partner                                                                                        |              |
| Street Address<br>444 Silver Spring Street                                                                                                                                                              |  | City<br>Providence                                                                                              | State<br>RI  |
|                                                                                                                                                                                                         |  |                                                                                                                 | Zip<br>02904 |
| 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>John R Daniels                                                                                                                                                             |  | Date<br>02/18/2025                                                                                              |              |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                                 |              |

MAIL TO:  
Division of Business Services  
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BY DXRPD