RI SOS Filing Number: 202566288650 Date: 2/27/2025 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

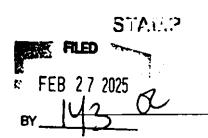
Annual Report for the year: Limited Liability Company

2025

→ 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 MECK 5211 LLC | | | | |
|---|--|---------------|---------------------|-------|--|
| 001704786 | | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | |
| 531120 | Rental of commercial & residential property | | | | |
| 5. State of Formation | 1 comments of comments of | | | | |
| RI | | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 5211 Old Post Road | | Charlestown | RI | 02813 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name | | Contact Title | | | |
| Elaine A. | | | | | |
| Street Address | | City | State | Zip | |
| 5211 Old Post Road | | Charlestown | <i>P</i> < <u> </u> | 02813 | |
| 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 | | | Date | | |
| Flaine A. Megrew | | | 2-24-25 | | |
| Signature of Authorized Person | | | | | |
| | | | | | |

MAIL TO:

Division of Business Services

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

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