

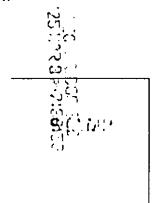
## State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024 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   |   |                     |                      |
|--|--|---|---------------------|----------------------|
| 001710802  | 56 Pine Street, LLC  |   |                     |                      |
| 3. NAICS Code<br>531390<br>5. State of Formation<br>Rhode Island | 4 Brief description of the character of business conducted in Rhode Island Real estate holding |   |                     |                      |
| 6. Principal Office Address                                      |  | City  | State               | Zip                  |
| 56 Pine Street, Ste 7  |  | Providence  | RI                  | 02903                |
| 7. Mailing Address of Limite                                     | d Liability Company and Name   | e or Title of Contact Person                                |                     |                      |
| Contact Name Anthony Rosciti                                     |  | Contact Title   |                     |                      |
| Street Address 56 Pine Street, Ste 7                             |  | City<br>Providence  | State<br>RI         | <sup>Zip</sup> 02906 |
| 8 The Resident Agent infor                                       | mation currently of record with  | the RI Department of State is accur                         | ate. Changes requir | e filing Form 642.   |
|  | y, I declare and affirm that I<br>tatements contained herein i                                 | have examined this report, include<br>are true and correct. | ing any accompan    | ying schedules and   |
| Name of Authorized Person  |  |   | Date                |                      |
| Anthony Rosciti  |  |   | 3/1/25              |                      |
| Signature of Authorized Per                                      | son  |   |                     |                      |

MAIL TO:

Division of Business Services

148 W River Street Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos ri.gov

**FILED** 

MAR 0 3 2025