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

Annual Report for the year: \_2023 **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					
001725546	Young Belford, LCC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531 120	Real Estate					
5. State of Formation						
Mossachusetts				T-r:-		
6. Principal Office Address	<del></del>	City	State	Zip		
34 E/m 59	Ť	Coharrel	MA	07092		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Rtle				
17. 7	12sta CTE	President				
Street Address 34 5/m	A CA	City Cale 150+	State	02025		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
8. The Resident Agent information	on currently of record with the RI L	Depenment of State is accord	er any accompany	ng schedules and		
9. Under penalty of perjury, I of statements, and that all statem	leclare and affirm that I have ex nents contained herein are true	amined this report, including and correct.				
Name of Authorized Person  James J. Warton			Date 8/18/15			
Signature of Authorized Person	Janz					

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MAIL TO:

Division of Business Services .

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

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