

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 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.

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1. Entity ID Number	2. Exact name of the Limited Lia	bility Company			
0017255%	Young Balf	erd. LLC			
3. NAICS Code	4. Brief description of the charac		ode Island		
531120	Real Estate	Tavo frug			
5. State of Formation		•			
Massachesetts					
6. Principal Office Address 34 Elm St	-	Coharset	State	02025	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name James J.	(2 ta 170	Contact Title		-	
Street Address	V 6 7 Y 6 7 1	City	State	Zip	
34 Elm S	₹-	Charset	MA	02005	
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	J. Norton Jr		Date 2,/18	15	
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.n.gov FILED

MAR 05 2025 BY DAWOXV AA. 10: 14 AM.