RI SOS Filing Number: 202566965560 Date: 3/12/2025 4:00:00 PM

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State of Rhode Island Department of State - Business Services Division

2025

FILED

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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.

| 1. Entity ID Number 1691912 | | 2. Exact name of the Limited Liability Company 601-603 Washington Street LLC | | | |
|--|---|--|-------------------------|----------------------|--|
| 3. NAICS Code 531110 | 4. Brief description of the Real Estate | Brief description of the character of business conducted in Rhode Island Real Estate | | | |
| 5. State of Formation | | | | | |
| Rhode Island | | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 229 Old Plainfield Pike | | Foster | RI | 02825 | |
| | d Liability Company and Name | or Title of Contact Person | | | |
| Contact Name Duane Golomb | | Contact Title | | | |
| Street Address 229 Old Plainfield Pike | | ^{City} Foster | State RI | ^{Zip} 02825 | |
| 8. The Resident Agent inform | nation currently of record with the | the RI Department of State is acc | curate. Changes require | e filing Form 642. | |
| Under penalty of perjury, statements, and that all sta | r, I declare and affirm that I ha atements contained herein an | ave examined this report, inclu | uding any accompany | ring schedules and | |
| Name of Authorized Person | | | Date | | |
| Duane Golomb | | | 2/24 | 2/24/25 | |
| Signature of Authorized Person | | | | <u> </u> | |
| Δ | me taland | _ | | | |

MAIL TO:

Division of Business Services

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

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