

State of Rhode Island Department of State - Business Services Division

FILED

MAR 1 2 2025

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.

2025

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	
7. Mailing Address of Limite	ed 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 infon	mation currently of record with	the RI Department of State is acc	curate. Changes require	 e filina Form 642.	
9. Under penalty of perjury	y, I declare and affirm that I hat tatements contained herein a	ave examined this report inclu	uding any accompany	ing schedules and	
Name of Authorized Person			Date		
Duane Golomb			2/24/25		
Signature of Authorized Pen	son				
	me Islah	_			

MAIL TO:

Division of Business Services

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