RI SOS Filing Number: 202567058540 Date: 3/12/2025 4:00:00 PM



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

FILED

MAR 1 2 2025

Annual Report for the year: Limited Liability Company

2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

| 17     | IMIL I & COCS |
|--------|---------------|
| (M) BY | 9442          |

| Entity ID Number  | 2. Exact name of the Limited Liability Company  |  |                     |                      |  |
|---|---|--|---------------------|----------------------|--|
| 000655743   | 525 Broad Street, LLC   |  |                     |                      |  |
| 3 NAICS Code<br>531111  | Brief description of the character of business conducted in Rhode Island     Invest and manage real estate. |  |                     |                      |  |
| 5. State of Formation   | 1   |  |                     |                      |  |
| Rhode Island  |   |  |                     |                      |  |
| 6. Principal Office Address                                     | <u> </u>  | City   | State               | Zip                  |  |
| 525 Broad Street, Unit  | 03 Cumberland   |  | RI                  | 02864                |  |
| 7. Mailing Address of Limited Li                                | ability Company and Name  | or Title of Contact Person                             | <u> </u>            |                      |  |
| Contact Name Michael E. KI                                      | ufas, MD  | , MD Contact Title Manager                             |                     |                      |  |
| Street Address 525 Broad Street, Unit 103                       |   | City Cumberland  | State RI            | <sup>Zip</sup> 02864 |  |
| 8 The Resident Agent informati                                  | on currently of record with the   | he RI Department of State is accura                    | te. Changes require | = filing Form 642    |  |
| 9. Under penalty of perjury, I ostatements, and that all states | declare and affirm that I ha<br>nents contained herein ar   | eve examined this report, including etrue and correct. | ng any accompany    | ring schedules and   |  |
| lame of Authorized Person                                       |   | Date   |                     |                      |  |
| Michael E. Klufas, MD   |   | 3-7-2025   |                     |                      |  |
| Signature of Authorized Person                                  | pul 1   | Ulens  |                     |                      |  |

MAIL TO:

**Division of Business Services** 

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