

State of Rhode Island

Department of State - Business Services Division

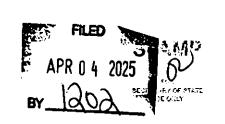
Annual Report for the year: 2025

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	D Number	2. Exact name of the Limited Liability Company			
78982	2 9	209 Montgomery, LLC			
3. NAICS	Code	4. Brief description of the character of business conducted in Rhode Island			
531110	ф	Real estate investment			
5. State	of Formation				
RI					
6. Principal Office Address			City	State	Zip
209 Montgomery Avenue			Providence	RI	02905
		ability Company and Name or Title	of Contact Person	•	,
Contact N	l ^{lame} Gary E. Hallqı	uist	Contact Tille Member		
Street Address 209 Montgomery Avenue			City Providence	State RI	^{Zip} 02905
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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 Date					
Gary E. Hallquist				3-22-25	
Signature of Authorized Person,					
τ					

MAIL TO

Division of Business Services

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

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