

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024 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	2. Exact name of the Limited	2. Exact name of the Limited Liebity Company		
001672826	4. Brief description of the character of business conducted in Rhode Island Acquire, own, ronovate, rehabilitate, sell, transfer, lease, manage, maintain and operate real estate.			
3. NAICS Code 531390				
5. State of Formation DE				
6. Principal Office Address 400 Baild Hill Road		City	State	Zlo
		Warwick	RI	02886
7. Mailing Address of Limite	d Liability Company and Name or T	Itle of Contact Person		
Contact Name		Contact Title	· 	
Lisa G. Regen		Authorized Signatory		
Street Address 245 Waterman Street, Suite #404		City Providence	State RI	Zip 02906
8. The Resident Agent Inform	mation currently of record with the F	I Department of State is accura	rte. Changes requir	e filma Form 642.
Under penalty of perjury	r, I declare and affirm that I have stements contained herein are tr	examined this report include	ng any accompany	ring schedules and
Name of Authorized Person	- 		Date /	
Llsa G. Regan	2 2		1 9/9	1/25
Signature of Authorized Rep	My les		——————————————————————————————————————	/
				

FILED .

APR 07 2025

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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