RI SOS Filing Number: 202569735160 Date: 4/9/2025 4:00:00 PM



## 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 ID Number <b>001700050</b>                   | Exact name of the Limited Liability Company     Studio 1350, LLC      Brief description of the character of business conducted in Rhode Island real estate holding |   |                   |                      |
|--|--|---|-------------------|----------------------|
| 3. NAICS Code <b>531110</b>                            |  |   |                   |                      |
| 5. State of Formation RI                               |  |   |                   |                      |
| 6. Principal Office Address 1350 Mineral Spring Avenue |  | City<br>North Providence                                  | State<br>RI       | Zip<br><b>02904</b>  |
| 7. Mailing Address of Limite                           | ed Liability Company and Nam   | ne or Title of Contact Person                             | <u> </u>          | •                    |
| Contact Name Geoffrey P. Gaunt                         |  | Contact Title Manager                                     |                   |                      |
| Street Address 1350 Mineral Spring Avenue              |  | City<br>North Providence                                  | State<br>RI       | Zip<br><b>02904</b>  |
| 8. The Resident Agent infor                            | mation currently of record with  | the RI Department of State is accura                      | ate. Changes requ | ire filing Form 642. |
|  | l declare and affirm that I ha<br>tatements contained herein   | eve examined this report, including are true and correct. | any accompanyi    | ing schedules and    |
| Name of Authorized Person                              | ? b-aunt   |   | Date 1/29/25      |                      |
| Signature of Authorized Pe                             | ·  |   |                   |                      |
|  |  |   |                   |                      |

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED
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FORM 632 - Revised: 04/2023