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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company**

2024

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2025 NAR 31 P 2: 11

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Filing Fee: \$50,00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. Z025 APR 16 □ 12: 20

2. Exact name of the Limited Liability Company 1. Entity ID Number 4. Brief description of the character of business conducted in Rhode Island 3. NAICS Code 531110 APARTMENT RENTALS 5. State of Formation DE 6. Principal Office Address City State Zip **BOSTON** MA 02110 63 ATLANTIC AVE 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Title Contact Name RISHAB THAPA ACCOUNTANT State Zip Street Address **63 ATLANTIC AVE BOSTON** MA 02110 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. 9. 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 3/20/25 RISHAB THAPA Signature of Authorized Person

MAIL TO:

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FORM 632 - Revised: 12/2023