

State of Rhode Island Department of State - Business Services Division

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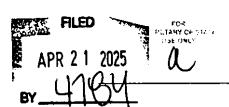
Annual Report for the year: Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

2025



1. Entity ID Number	2. Exact name of the Limited Liability Company			
000142118	494 Douglas Avenue, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531120	Management of Real Estate			
5. State of Formation				
Rhode Island				
6. Principal Office Address		City	State	Zip
226 South Main Street		Providence	RI	02903
7. Mailing Address of Limite	ed Liability Company and Name of	or Title of Contact Person		<u>.</u>
Conlact Name Darren F. Corrente		Contact Title Attorney		
Street Address 226 South Main Street		City Providence	State RI	^{Zip} 02903
8. The Resident Agent infor	mation currently of record with the	ne RI Department of State is accu	rate. Changes requi	re filing Form 642.
	y, I declare and affirm that I ha tatements contained herein are	ve examined this report, include true and correct.	ling any accompan	ying schedules and
Name of Authorized Person			Date	• • • •
Darren F. Corrente			$A_{\Lambda \Lambda}$	U 5,2025

Division of Business Services

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

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