



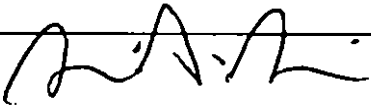
State of Rhode Island  
Department of State - Business Services Division

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.

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2025 MAY -5 P 2:54

|                                                                                                                                                                                                                |  |                                                                                                           |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><b>000129718</b>                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br><b>Middletown Depot, LLC</b>                            |                    |
| 3. NAICS Code<br><b>531120</b>                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>commercial property</b> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                             |  |                                                                                                           |                    |
| 6. Principal Office Address<br><b>200 Centreville Road, Unit 10</b>                                                                                                                                            |  | City<br><b>Warwick</b>                                                                                    | State<br><b>RI</b> |
|                                                                                                                                                                                                                |  | Zip<br><b>02889</b>                                                                                       |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                           |                    |
| Contact Name<br><b>Brian Bucci</b>                                                                                                                                                                             |  | Contact Title<br><b>Managing Member</b>                                                                   |                    |
| Street Address<br><b>PO Box 6187</b>                                                                                                                                                                           |  | City<br><b>Warwick</b>                                                                                    | State<br><b>RI</b> |
|                                                                                                                                                                                                                |  | Zip<br><b>02887</b>                                                                                       |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                            |  |                                                                                                           |                    |
| 9. <i>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.</i> |  |                                                                                                           |                    |
| Name of Authorized Person<br><b>Brian A. Bucci</b>                                                                                                                                                             |  | Date<br><b>4/28/25</b>                                                                                    |                    |
| Signature of Authorized Person<br>                                                                                          |  |                                                                                                           |                    |

FILED

MAY 05 2025

BY 61370

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)