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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	2. Exact name of the Limited Liability Company			
000798929	85 Greenville Avenue, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531110	Ownership and operation of real estate.			
5. State of Formation	1			
Rhode Island]			
6. Principal Office Address		City	State	Zip
74 Greenville Avenue		North Providence	RI	02911
7. Mailing Address of Limited Lia	ibility Company and Name or Titl			
Contact Name Anne Baynes		Contact Title Member		
Street Address 74 Greenville Avenue		City North Providence	State RI	^{Zip} 02911
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
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	
Anne Baynes, Member			14/7/	25
Signature of Authorized Person				

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MAIL TO:

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

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