

State of Rhode Island

Department of State - Business Services Division

27/ 1/1

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.



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1. Entity ID Number	2. Exact name of the Limited Liability Company			
001732095	43 Farewell Street LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531110	multifamily rental property			
5. State of Formation				1
RI				
6. Principal Office Address		City	State	Zip
270 Bellevue Avenue, #196		Newport	RI	02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name David Wharmby		Contact Title Member		
Street Address 270 Bellevue Ave		City Newport	State RI	^{Zip} 02840
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	
David Wharmby			5/15/202 5	
Signature of Authorized Person				
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MAIL TO:

Division of Business Services

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