State of Rhode Island

Department of State - Business Services Division

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

Entity ID Number	2 Evact name of the Limit	ad Liphility Company	 .	<u> </u>	
844 034	2. Exact name of the Limited Liability Company Off Broadway Properties, LLC				
3. NAICS Code					
53/390	Brief description of the character of business conducted in Rhode Island				
5. State of Formation	To own, operate, rent, sell and manage realestate,				
RI		,			
6. Principal Office Address		City	State	Zip	
16 Brenster Street		Previdence	RE	02906	
7. Mailing Address of Limited	Liability Company and Name or	r Title of Contact Person			
Contact Name Jason A, Sh.	echtman	Contact Title LLC Member	Contact Title LLC Member / Onner.		
Street Address 16 Brewster Street		City Providence	State R	Zip 02906	
		e RI Department of State is accurate.			
9. Under penalty of perjury, statements, and that all stat	I declare and affirm that I have ements contained herein are	re examined this report, including true and correct.	апу ассотрвпуіг	ng schedules and	
Name of Authorized Person Vasow A, Sh	ectmen		Date S 1	7/25	
Signature of Authorized Perso	1				
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FILED

MAY 1 9 2025

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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

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