State of Rhode Island
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. ID No. 001750940

2. Exact Name of the Limited Liability Company Eventides LLC

3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

999999

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

(I) QUALIFY (AND MAINTAIN ITS QUALIFICATION) AS A “QUALIFIED OPPORTUNITY
ZONE BUSINESS” WITHIN THE MEANING OF SECTION 1400Z-2(D)(3) OF THE CODE, APPLICABLE TREASURY REGULATIONS, AND OTHER APPLICABLE GUIDANCE, AND IN
FURTHERANCE THEREOF: (A) TO MAKE ANY ELECTION AND FILE ANY FORMS TO SO
QUALIFY (AND MAINTAIN ITS QUALIFICATION), (B) TO DIRECTLY OR INDIRECTLY ACQUIRE, OWN, DEVELOP, REDEVELOP, MANAGE, AND OTHERWISE DEAL WITH “QUALIFIED OPPORTUNITY ZONE BUSINESS PROPERTY” (WITHIN THE MEANING OF
SECTION 1400Z-2(D)(2)(D) OF THE CODE (AS MODIFIED BY SECTION 1400Z-2(D)(3)(A)(I) OF THE CODE)), (II) IN FURTHERANCE OF AND IN COMPLIANCE WITH THE PURPOSES DESCRIBED IN THE PRECEDING CLAUSE (I), ACQUIRE, OWN, DEVELOP,

OPERATE, MANAGE, LEASE, IMPROVE, MORTGAGE, FINANCE, REFINANCE, SELL, AND
OTHERWISE DEAL WITH THE PROPERTY, AND (III) ENGAGE IN ANY AND ALL ACTIVITIES RELATED OR INCIDENTAL THERETO. SUBJECT TO THE FOREGOING, THE
COMPANY MAY ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH LIMITED LIABILITY COMPANIES MAY BE FORMED UNDER THE ACT.

5. Principal Office Address

No. and Street: 470 JAMES STREET
SUITE 007
City or Town: NEW HAVEN State: CT Zip: 06513 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: CARLA OBRIEN Contact Title: OWNER
No. and Street: 470 JAMES STREET
SUITE 007
City or Town: NEW HAVEN State: CT Zip: 06513 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DEBRA L. CHERNICK, ESQ. SAYER REGAN & THAYER, LLP 343 C MAIN STREET WAKEFIELD , RI 02879

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 22 Day of May, 2025 at 4:18:57 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By CARLA OBRIEN
Signature of Authorized Person

Form No. 632
Revised 09/07