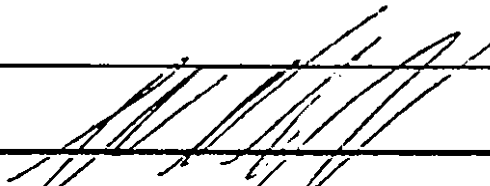


REC'D RIDOS BSD  
25 MAY 30 PM 1:17:43State of Rhode Island  
Department of State - Business Services DivisionAnnual Report for the year: 2025  
Limited Liability Company

- 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<br><b>1660274</b>                                                                                                                                                                   |  | 2. Exact name of the Limited Liability Company<br><b>487 ALLENS LLC</b>                                                    |                    |
| 3. NAICS Code<br><b>531311</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>HOLD TITLE TO A PIECE OF REAL ESTATE</b> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                      |  |                                                                                                                            |                    |
| 6. Principal Office Address<br><b>1 MONTVALE AVE SUITE 211</b>                                                                                                                                          |  | City<br><b>STONEHAM</b>                                                                                                    | State<br><b>MA</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02180</b>                                                                                                        |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                            |                    |
| Contact Name<br><b>WILLIAM J THIBEAULT</b>                                                                                                                                                              |  | Contact Title<br><b>MANAGER</b>                                                                                            |                    |
| Street Address<br><b>1 MONTVALE AVE SUITE 211</b>                                                                                                                                                       |  | City<br><b>STONEHAM</b>                                                                                                    | State<br><b>MA</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02180</b>                                                                                                        |                    |
| 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<br><b>WILLIAM J THIBEAULT</b>                                                                                                                                                 |  | Date<br><b>5-28-25</b>                                                                                                     |                    |
| Signature of Authorized Person<br>                                                                                   |  |                                                                                                                            |                    |

FILED

MAY 30 2025

BY

46W3W



## 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)