

## State of Rhode Island **Department of State - Business Services Division**

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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| RIDOS                                    |  |
| )S BSC<br>(10:29                         |  |
| 99:23                                    |  |

| 1. Entity ID Number   | 2. Exact name of the Limited Liability Company                           |                      |          |              |  |  |
|---|--|----------------------|----------|--------------|--|--|
| 001764205   | 50 Jackson Street, UC  |                      |          |              |  |  |
| 3. NAICS Code   | Brief description of the character of business conducted in Rhode Island |                      |          |              |  |  |
| 531390<br>5. State of Formation   | Real Extate  |                      |          |              |  |  |
| 6. Principal Office Address   |  | City                 | State    | Zip          |  |  |
| 50 Jackson  | Street   | Woon80cket           | RI       | 02895        |  |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |                      |          |              |  |  |
| Contact Name  Kathy Sa  | yaphat   | Contact Title Admin. |          |              |  |  |
| Street Address 50 Jack  | son St.  | City Woonsocket      | State RI | zip<br>02895 |  |  |
| 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 Kathy Sayaphat  Date  06/25/5   |  | 25/25                |          |              |  |  |
| Signature of Authorized Person  |  |                      |          |              |  |  |

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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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