RI SOS Filing Number: 202576954390 Date: 7/16/2025 12:31:00 PM



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

Annual Report for the year: 2024 **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 | | | | |
|--|--|--------------------------------|-----------------------|----------------------|--|
| 000154422 | 620 Pond Street, LLC | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island Rental of Commercial Real Estate | | | | |
| 531210 | | | | | |
| 5. State of Formation | | | | | |
| Rhode Island | | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 620 Pond Street | | Woonsocket | RI | 02895 | |
| 7. Mailing Address of Limite | d Liability Company and Name or | Title of Contact Person | | | |
| Contact Name Kevin Patras | | Contact Title Member | | | |
| Street Address 196 Old River Road, Apt. 1 East | | City Lincoln | State RI | ^{Zip} 02816 | |
| 8. The Resident Agent infor | mation currently of record with the | RI Department of State is accu | rate. Changes require | e filing Form 642. | |
| | y, I declare and affirm that I have tatements contained herein are t | | ding any accompany | ing schedules and | |
| Name of Authorized Person | | | Date | | |
| Kevin Patras | | | 6/11 | 125 | |
| Signature of Authorized Per | son | | | * | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov FILED 12:31 P

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