

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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RIDERCEIVE	STATEMENT STATEMENT OF THE STATEMENT OF
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1. Entity ID Number	2. Exact name of the Limited Liability Company				
000154422	620 Pond Street, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531210	Rental of Commercial Real Estate				
5. State of Formation	7				
Rhode Island					
6. Principal Office Address		City	State	Zip	
620 Pond Street		Woonsocket	RI	02895	
7. Mailing Address of Limited 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 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		Date			
Kevin Patras			6/16/25		
Signature of Authorized Person					

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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