

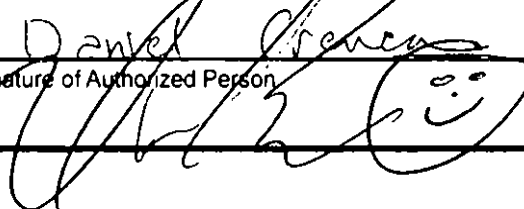


State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
25 JUL 28 PM 4:00:01  
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Annual 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><u>001709041</u>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><u>Hodsell 45 Investment and Development, LLC</u>                                     |                    |
| 3. NAICS Code<br><u>531312</u>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Deal with investment and development of property.</u> |                    |
| 5. State of Formation<br><u>Rhode Island</u>                                                                                                                                                            |  |                                                                                                                                         |                    |
| 6. Principal Office Address<br><u>45 Hodsell St</u>                                                                                                                                                     |  | City<br><u>Cranston</u>                                                                                                                 | State<br><u>RI</u> |
|                                                                                                                                                                                                         |  | Zip<br><u>02910</u>                                                                                                                     |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                                         |                    |
| Contact Name<br><u>Heather Ahern</u>                                                                                                                                                                    |  | Contact Title<br><u>Manager</u>                                                                                                         |                    |
| Street Address<br><u>45 Hodsell St, apt 1</u>                                                                                                                                                           |  | City<br><u>Cranston</u>                                                                                                                 | State<br><u>RI</u> |
|                                                                                                                                                                                                         |  | Zip<br><u>02910</u>                                                                                                                     |                    |
| 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><u>Daniel Crenca</u>                                                                                                                                                       |  | Date<br><u>July 28, 2025</u>                                                                                                            |                    |
| Signature of Authorized Person<br>                                                                                   |  |                                                                                                                                         |                    |

FILED

JUL 28 2025  
BY HSBCP Ky

MAIL TO:

Division of Business Services  
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