

State of Rhode Island Department of State - Business Services Division

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Annual Report for the year: 2021 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 | 2. Exact name of the Limited L | 2. Exact name of the Limited Liability Company | | | | |
|---------------------------------|---|--|----------------------|---------------------------------|--|--|
| 000563018 | Cenvex Partners LLC | | | | | |
| 3 NAICS Code 531110 | Brief description of the character of business conducted in Rhode Island Owning rental real estate property | | | | | |
| 5 State of Formation RI | | | | | | |
| 6. Principal Office Address | _, | City | State | Zıp | | |
| 216 High Street | | Wallingford | CT | 06492 | | |
| 7. Mailing Address of Limited | Liability Company and Name or Titl | e of Contact Person | | | | |
| Contact Name F. Kevin Didden | | Contact Title Sole Member | | | | |
| Street Address 216 High Street | | City Wallingford | State CT | ^{Z₁p} 06492 | | |
| 8. The Resident Agent inform | ation currently of record with the Ri | Department of State is accura | ate. Changes require | e filing Form 642 | | |
| | I declare and affirm that I have e tements contained herein are tru | | ng any accompany | ing schedules and | | |
| Name of Authorized Person | | | Date | 1/9/ | | |
| F. Kevin Didden | 1/1 | | × 101 | 8/73 | | |
| Signature of Authorized Person | on | | | | | |

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

OCT 14 2025

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