Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Linited Liability Company Annual Report Fing Period: February 1 - May 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b.C.) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2022 1. ID No. 000154739 2. Exact Name of the Limited Liability Company 190 MAIN STREET, LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 531110 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE HOLDING 5. Principal Office Address
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REAL ESTATE HOLDING 5. Principal Office Address
5. Principal Office Address
No. and Street:182 MAIN STREETCity or Town:WESTERLYState: RIZip: 02891Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
Contact Name:Contact Title:No. and Street: <u>182 MAIN STREET</u> City or Town: <u>WESTERLY</u> State: <u>RI</u> Zip: <u>02891</u> Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11
CHARLES S. SOLOVEITZIK, ESQ. 2 ELM STREET WESTERLY, RI 02891
8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 12 Day of April, 2022 at 11:46:28 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By CHARLES SOLOVEITZIK

Signature of Authorized Person

Form No. 632 Revised 09/07

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