RI SOS Filing Number: 202217119780 Date: 5/3/2022 4:00:00 PM

| State of Rhode Island  Department of State -             | Business Services Division |  |
|----------------------------------------------------------|----------------------------|--|
| Annual Report for the year:<br>Limited Liability Company | 2022                       |  |

- → 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 000139484                                                                                                                                                                        | 2. Exact name of the Limited Liability Company 5-113 LLC                                                |                                  |             |                      |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------|-------------|----------------------|--|--|
| 3. NAICS Code<br>531120                                                                                                                                                                              | Brief description of the character of business conducted in Rhode Island     Development of Real Estate |                                  |             |                      |  |  |
| 5. State of Formation Rhode Island                                                                                                                                                                   | ·                                                                                                       |                                  |             |                      |  |  |
| 6. Principal Office Address  1414 Atwood Avenue                                                                                                                                                      |                                                                                                         | City<br>Johnston                 | State<br>RI | Zip<br>02919         |  |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |                                                                                                         |                                  |             |                      |  |  |
| Contact Name Kelly Coates                                                                                                                                                                            |                                                                                                         | Contact Title Authorized Trustee |             |                      |  |  |
| Street Address 1414 Atwood Avenue                                                                                                                                                                    |                                                                                                         | City Johnston                    | State RI    | <sup>Zıp</sup> 02919 |  |  |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                  |                                                                                                         |                                  |             |                      |  |  |
| 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        |                      |  |  |
| Kelly Coates                                                                                                                                                                                         |                                                                                                         | 4/2                              | +1/22       |                      |  |  |
| Signature of Authorized Person  Jelly N. Coston Indice                                                                                                                                               |                                                                                                         |                                  |             |                      |  |  |

**FILED** 

MAY 0 \$ 2022 BY 10 3130

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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