RI SOS Filing Number: 202328425840 Date: 2/10/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: _Limited Liability Company

2023

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7073 FFR 10 P 3: 1

→ 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 Lia	ibility Company		, _	
001748139	Providence	Middle	Pallag	e LLC	
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
236220	evect 1	nistori c	monu	menti	
5. State of Formation			•	,,,	
P.I					
6. Principal Office Address	· ·	City 1/	State	Zip	
98 Kay St		City Newport	RI	02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Charles Roberts		Contact Title EXPC(utive a	IKector	
	Kay St	city Newpor	+ State RI	zip 028 78	
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		
Charles Robert			2/	2/10/23	
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.ri.gov

