



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**  
**STAMP**  
 FEB 13 2023  
 BY *[Signature]*

**Annual Report for the year:** 2023  
**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 000082391		2. Exact name of the Limited Liability Company The Meadows Apartments, LLC	
3. NAICS Code 53110		4. Brief description of the character of business conducted in Rhode Island Apartment Rentals	
5. State of Formation RI			
6. Principal Office Address 1580 Wampanoag Trail, #200E		City Barrington	State RI
Zip 02806			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name John F. Cuzzone, III		Contact Title Operating Manager	
Street Address 12 Pine Cone Dr.		City Barrington	State RI
Zip 02806			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person John F. Cuzzone, III		Date 2/10/2023	
Signature of Authorized Person <i>[Signature]</i>			

**MAIL TO:**  
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