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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

→ 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 Liability Company			
000070893	597 METACOM AVENUE, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531120	OWNERSHIP AND MANAGEMENT OF INVESTMENT REAL STATE			
5. State of Formation	1			
RHODE ISLAND				
6. Principal Office Address		City	State	Zip
99 TUPELO STREET		BRISTOL	RI	02809
7. Mailing Address of Limited Lia	ability Company and Name or Titl	e of Contact Person		
Contact Name EDWARD J COX II		Contact Title CFO		
Street Address 99 TUPELO STREET		City BRISTOL	State	^{Zip} 02809
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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	
EDWARD J COX II			01/17/2024	
Signature of Authorized Person Sert 4				

MAIL TO:

Division of Business Services

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

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