RI SOS Filing Number: 202447655520 Date: 2/29/2024 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024
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.

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Entity ID Number	2. Exact name of the Limited Liability Company					
001737837	LL 210, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
812310	Own and operate a lau	Own and operate a laundry.				
5. State of Formation						
Rhode Island						
6. Principal Office Address		City	State	Zip		
80 Old Mill Road		Concord	MA	01742		
7. Mailing Address of Limite	d Liability Company and Name or Titl	e of Contact Person	·- ··· · · · · · · · · · · · · · · · ·	·		
Contact Name Nicholas Herz		Contact Title Manager				
Street Address 80 Old Mill Road		City Concord	State MA	^{Zip} 01742		
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	Date			
Nicholas Herz		2/13/24				
Signature of Authorized Person						
T. W.						

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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