RI SOS Filing Number: 202450451090 Date: 4/8/2024 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.



| 1. Entity ID Number                        | Exact name of the Limited Liability Company                              |   |                     |                      |  |
|--|--|---|---------------------|----------------------|--|
| 000082391                                  | The Meadows Apartments, LLC  |   |                     |                      |  |
| 3. NAICS Code                              | Brief description of the character of business conducted in Rhode Island |   |                     |                      |  |
| 53110                                      | Apartment Rentals  |   |                     |                      |  |
| 5. State of Formation                      |  |   |                     |                      |  |
| RI   |  |   |                     |                      |  |
| 6. Principal Office Address                | 1  | City  | State               | Zip                  |  |
| 1580 Wampanoag Trail, #200E                |  | Barrington  | RI                  | 02806                |  |
| 7. Mailing Address of Limited              | Liability Company and Name or  | Title of Contact Person                             | •                   |                      |  |
| Contact Name Christopher E. Cuzzone        |  | Contact Title Vice Operating Manager                |                     |                      |  |
| Street Address 1580 Wampanoag Trail, #200E |  | City Barrington                                     | State RI            | <sup>Zip</sup> 02806 |  |
| 8. The Resident Agent informa              | ation currently of record with the                                       | RI Department of State is accura                    | te. Changes require | e filing Form 642.   |  |
|  | l declare and affirm that I have<br>ements contained herein are i        | e examined this report, including true and correct. | ng any accompany    | ring schedules and   |  |
| Name of Authorized Person                  |  |   | Date                |                      |  |
| Christopher E. Cuzzor                      | e  |   | 3/14/24             |                      |  |
| Signature of Authorized Person             | " Cuzza  | ~   |                     | _                    |  |
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MAIL TO:

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