



State of Rhode Island

Department of State - Business Services Division

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.

STAMP

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV.

2023 JAN 20 P 1:33

| | | | | |
|---|--|--|--------------------|---------------------|
| 1. Entity ID Number <u>001719338</u> | | 2. Exact name of the Limited Liability Company <u>Choice Port LLC</u> | | |
| 3. NAICS Code <u>551112</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Real and personal property investments</u> | | |
| 5. State of Formation <u>Rhode Island</u> | | | | |
| 6. Principal Office Address <u>8 Anthony Drive</u> | | City <u>North Kingstown</u> | State <u>RI</u> | Zip <u>02852</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name <u>John Jackman</u> | | Contact Title <u>Manager</u> | | |
| Street Address <u>8 Anthony Drive</u> | | City <u>North Kingstown</u> | State <u>RI</u> | Zip <u>02852</u> |
| 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 <u>John Jackman</u> | | | Date | |
| Signature of Authorized Person <u>[Signature]</u> | | | | |

FILED

JAN 20 2023

BY M3 VS308

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov