RI SOS Filing Number: 202329545060 Date: 2/27/2023 4:00:00 PM



Annual Report for the year: 2023 Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

| FILED | | | | | | |
|---------------------------|--|--|--|--|--|--|
| BY FEB 12 72023 FAILIP | | | | | | |

| 1. Entity ID Number 121608 | | 2. Exact name of the Limited Liability Company SEA CON PHOENIX PROPERTIES, LLC | | | | |
|---------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------|---------------------------|------------------------|--|
| 3. NAICS Code | | 4 Brief description of the character of business conducted in Rhode Island | | | | |
| 531311 | | Real Estate Holding Company | | | | |
| 5. State of Formation RI | | J | , , | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 50 Airport Road | | | Westerly | RI | 02891 | |
| 7. Mailing Address of Limi | · · · · · · · · · · · · · · · · · · · | any and Name o | | | | |
| Contact Name Frank A. Ravenelle | | | Contact Title Member | | | |
| Street Address 42 George Street | | | City Westerly | State RI | ^{Zıp} 02891 | |
| 8. List ALL managers (na. | mes and addresse | s) of the Limited | Liability Company, IF APPLICA | BLE - DO NOT LIST | MEMBERS | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | <i>7</i> ip | City | State | 7ıp | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zıp | City | State | Zıp | |
| | | | | Check the box to | Indicate an attachment | |
| 9. Resident Agent in Rhoo | de Island. This infor | nation is currently | of record with the Department of St | ate. Changes require fili | ng Form 642. | |
| Under penalty of perjury statements, and that all | | | examined this report, includi true and correct. | ng any accompanyii | ng schedules and | |
| Name of Authorized Person | . ^ | NELL | | Date | 4/23 | |
| Signature of Authorized Po | erson | Zanevall | DOCUMENT HERE | - • | | |

MAIL TO:

Division of Business Services

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

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