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Annual Report for the year:  $\underline{\phantom{a}^{2023}}$ **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.

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1. Entity ID Number 488908	2. Exact name of the Limited Liability Company 4 SPRAY ROCK, LLC				
3. NAICS Code 531311		naracter of business conducted in Rhode Island op real estate and provide a means for the members to manage and preserve			
5. State of Formation Rhode Island	family assets.				
6. Principal Office Address		City	State	Zip	
60 Mill Road		Cumberland	ME	04021	
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person	<u> </u>		
Contact Name Fliza N. Miller		Contact Title Manager			
Street Address 60 Mill Road		City Cumberland	State ME	Zip 04021	
8. The Resident Agent infor	mation currently of record with	the RI Department of State is accu	rate. Changes require	e filing Form 642.	
	l declare and affirm that I hav tatements contained herein a	e examined this report, including the true and correct.	g any accompanyin	g schedules and	
Name of Authorized Persor		· · · · · · · · · · · · · · · · · · ·	Date		
Eliza N. Miller			3/W/23		
Signature of Authorized Per	son Oh hum				

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

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