State of Rhode Island

Department of State - Business Services Division

FILE

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BY 2414.

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.

1. Entity ID Number 1735101	2. Exact name of the Lin CORREA LLC	Exact name of the Limited Liability Company CORREA LLC			
3. NAICS Code 531210	i '	4. Brief description of the character of business conducted in Rhode Island TO PROVIDE SERVICES TO REAL ESTATE BUYERS AND SELLERS			
5. State of Formation RI					
6. Principal Office Address	-· •	City	State	Zip	
42 NORTH LOXLEY DRIVE		JOHNSTON	RI	02919	
7. Mailing Address of Limite	ed Liability Company and Name	or Title of Contact Person		<u> </u>	
Contact Name EMMANUEL CORREA		Contact Title MEMBER			
Street Address 42 NORTH LOXLEY DRIVE		City JOHNSTON	State RI	^{Zip} 02919	
8. The Resident Agent infor	mation currently of record with	the RI Department of State is accu	rate. Changes requir	e filing Form 642.	
	I declare and affirm that I have tatements contained herein a	ve examined this report, includin are true and correct.	g any accompanyin	g schedules and	
Name of Authorized Person			Date		
EMMANUEL CORREA			9-10.23		
Signature of Authorized Fe	rkon			<u> </u>	
Significate of Additionized	1 0011				

MAIL TO:

Division of Business Services

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

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