		te of Rhode Is f the Secretar		Fee: \$50.00
	Divisi	on Of Business	Services	
	1	48 W. River Str	eet	
	Prov	idence RI 02904	4-2615	
1636		(401) 222-304	0	
Limited Liability Company Annual Report Filing Period: February 1 - May 1				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2023				
1. ID No. <u>001670743</u>				
2. Exact Name of the Limited Liability Company Solidifi Escrow, LLC				
3. State of Format	ion			
State: <u>RI</u>				
ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>531390</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
REAL ESTATE TRANSACTION SERVICES				
5. Principal Office	Address			
No. and Street:	<u>88 SILVA LANE</u> <u>SUITE 210</u>			
City or Town:	<u>MIDDLETOWN</u>	State: <u>RI</u>	Zip: <u>02842</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: Co No. and Street:	ontact Title: <u>88 SILVA LANE</u> <u>SUITE 210</u>			
City or Town:	MIDDLETOWN	State: <u>RI</u>	Zip: <u>02842</u>	Country: <u>USA</u>

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

COGENCY GLOBAL INC. 222 JEFFERSON BOULEVARD WARWICK, RI 02888

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 11 Day of April, 2023 at 1:08:06 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KIM MONTGOMERY

Signature of Authorized Person

Form No. 632 Revised 09/07

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