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.

APR 10 2023
038931

1. Entity ID Number	2. Exact name of the Limited Liability Company		
000484931	North Pines Residence, LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
531190	A Condominium Association		
5. State of Formation			
Rhode Island			
6. Principal Office Address	City	State	Zip
520 Old County Road West P.O. Box 1818	Hicksville	NY	11801
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Angelo Silveri	Contact Title Member		
Street Address 520 Old County Road West P.O. Box 1818	City hicksville	State NY	Zip 11801
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		Date	
Angelo Silveri		3/29/23	
Signature of Authorized Person			
Angelo Silveri			

MAIL TO:
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