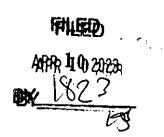


Annual Report for the year: <u>1623</u> Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



Entity ID Number	Entity ID Number 2. Exact name of the Limited Liability Company				
000798179	Pineapple Pr	operties LLC	_		
NAICS Code 4. Brief description of the character of business conducted in Rhode Island					
531110	Apartment House at				
5. State of Formation	31-37 Mechanic ST Woonsocher 127				
Rhode Island					
6. Principal Office Address		City	State	Zıp	
1 Tuppeware	Dr. UNIT 236	N. SmithField	M ISE	02896	
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Aran P. James Jr.		Contact Title OWNER			
Street Address Po Box 954		SLutersvi)	le state	ZIP 02876	
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 Aram P. Jarret Jr			Date 4-	Date 4-6-2023	
Signature of Authorized Person () aret)					
	4	()	· · · · · · · · · · · · · · · · · · ·		

MAIL TO:

Division of Business Services

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

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