



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.

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FOR  
SECRETARY OF STATE  
USE ONLY

|                                                                                                                                                                                                             |  |                                                                                            |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------|--------------|
| 1. Entity ID Number<br>000529248                                                                                                                                                                            |  | 2. Exact name of the Limited Liability Company<br>Howie Dewin Group, LLC                   |              |
| 3. NAICS Code<br>531110                                                                                                                                                                                     |  | 4. Brief description of the character of business conducted in Rhode Island<br>Real Estate |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                       |  |                                                                                            |              |
| 6. Principal Office Address<br>86 Rustic Acres Drive                                                                                                                                                        |  | City<br>Chepachet                                                                          | State<br>RI  |
|                                                                                                                                                                                                             |  |                                                                                            | Zip<br>02814 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |  |                                                                                            |              |
| Contact Name<br>James D. Mancini                                                                                                                                                                            |  | Contact Title<br>Member                                                                    |              |
| Street Address<br>86 Rustic Acres Drive                                                                                                                                                                     |  | City<br>Chepachet                                                                          | State<br>RI  |
|                                                                                                                                                                                                             |  |                                                                                            | Zip<br>02814 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |  |                                                                                            |              |
| <i>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.</i> |  |                                                                                            |              |
| Name of Authorized Person<br>James D. Mancini, Member                                                                                                                                                       |  | Date<br>3/1/2023                                                                           |              |
| Signature of Authorized Person<br>                                                                                                                                                                          |  |                                                                                            |              |

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## MAIL TO:

Division of Business Services

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