

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022 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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| 1. Entity ID Number 000163133 | 2. Exact name of the Limited Liability Company LaMarra L.L.C. | | | |
|---|--|-------------------------------------|--------------------|----------------------|
| 3. NAICS Code 531110 | Brief description of the character of business conducted in Rhode Island Residential Rental Property | | | |
| 5. State of Formation RI | | | | |
| 6. Principal Office Address 19 Henry St | | City East Providence | State RI | Zip 02719 |
| 7. Mailing Address of Limited Li | ability Company and Name or | r Title of Contact Person | | |
| Contact Name Pasquale LaMarra, Jr. | | Contact Title Managing Partner | | |
| Street Address 2 Pine Ave | | ^{City} Fairhaven | State MA | ^{Zip} 02719 |
| | ion currently of record with the | e RI Department of State is accurat | e. Changes require | e filing Form 642. |
| | clare and affirm that I have | examined this report, including t | | |
| Name of Authorized Person Pasquale LaMarra, Jr. | | | Date 05/14/2023 | |
| Signature of Authorized Person | Jun, | | | |

MAIL TO:

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