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State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: **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	2 Exact name of the Limited Liability Company						
143804	FURNITURE PROFESSIONALS, LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
531120	Real estate holding						
5 State of Formation							
RHODE ISLAND							
6. Principal Office Address		City	State	Zip			
183 WASHINGTON STREET		WEST WARWICK	RI	02893			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name CHRISTOPHER M CURRAN		Contact Title MEMBER					
Strect Address 183 WASHINGTON STREET		City WEST WARWICK	State RI	^{Z_{ip}} 02893			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.							
9 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					
PATRICK J. SULLIVAN,	, ESQ.		11/6/2023				
Signature of Authorized Person							

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MAIL TO:

Division of Business Services

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