



State of Rhode Island
Department of State - Business Services Division

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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.

| | | | |
|---|--|---|--------------------|
| 1. Entity ID Number <u>5727168</u> | | 2. Exact name of the Limited Liability Company <u>COASTAL PARTNERS II LLC</u> | |
| 3. NAICS Code <u>531120</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE</u> | |
| 5. State of Formation <u>MA</u> | | | |
| 6. Principal Office Address <u>208 HART ST</u> | | City <u>BEVERLY</u> | State <u>MA</u> |
| | | Zip <u>01915</u> | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name <u>MICHAEL DIVISEPPE</u> | | Contact Title <u>MANAGER</u> | |
| Street Address <u>208 HART ST</u> | | City <u>BEVERLY</u> | State <u>MA</u> |
| | | Zip <u>01915</u> | |
| 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 <u>MICHAEL DIVISEPPE</u> | | Date <u>11-28-23</u> | |
| Signature of Authorized Person  | | | |

ms FILED 12/1
 DEC 01 2023
 BY VSO/PA

MAIL TO:
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