RI SOS Filing Number: 202444707510 Date: 1/24/2024 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company**

JAN 2 4 2024 2346

-> 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 | 2. Exact name of the Limited Liability Company | | | | |
|---|---|------------------------|-------|--------------|--|
| 116811 | AL BRADY LLC | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 531110 5. State of Formation | OTHERWISE DEALING IN THEAL PROPERTY | | | | |
| RhoDE ISUND | OTHERWISE DEALING IN REAL PROPERTY | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 21 RUDMAN STREET | | NARRAGANSEIT | RI | 02882 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person $oldsymbol{V}$ | | | | | |
| Contact Name | | Contact Title | | | |
| SUSAN HOGAN | | MANAGER | | | |
| Street Address 21 RODMAN STREET | | City J NARRAGANSETT | State | Zip 02882 | |
| 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 | | |
| SUSAN HUGAN | | | 21 | 1/2024 | |
| Signature of Authorized Person | | | | | |
| Alexan II | | | | | |
| | | | | | |

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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