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## State of Rhode Island Department of State - Business Services Division

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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| 4. Entitle ID Neumber                | O Frank same of the Lan   | and trability Comments   |                 |                      |  |
|--------------------------------------|---|--|-----------------|----------------------|--|
| 1. Entity ID Number 001689302        |   | 2. Exact name of the Limited Liability Company                           |                 |                      |  |
|                                      | 95 Ivial ichester   | 95 Manchester Street Realty, LLC   |                 |                      |  |
| 3. NAICS Code                        | Brief description of the  | Brief description of the character of business conducted in Rhode Island |                 |                      |  |
| 531312                               | Real estate holding   | Real estate holding.   |                 |                      |  |
| 5. State of Formation                |   |  |                 |                      |  |
| Rhode Island                         |   |  |                 |                      |  |
| 6. Principal Office Address          |   | City   | State           | Zip                  |  |
| 411 Walnut St. #21374                |   | Green Cove Springs   | FL              | 32043                |  |
| 7. Mailing Address of Limite         | d Liability Company and Name                                    | or Title of Contact Person   |                 | <del></del>          |  |
| Contact Name<br>Steven L. St. Onge   |   | Contact Title Authorized Person  |                 |                      |  |
| Street Address 411 Walnut St. #21374 |   | City Green Cove Spring   | State FL        | <sup>Zip</sup> 32043 |  |
| 8. The Resident Agent infor          | mation currently of record with t                               | the RI Department of State is accurate. (                                | Changes require | e filing Form 642    |  |
|                                      | y, I declare and affirm that I h<br>atements contained herein a | ave examined this report, including a re true and correct.               | пу ассотрапу    | ring schedules an    |  |
| Name of Authorized Person            |   | Date   |                 |                      |  |
| Steven L. St. Onge                   |   |  | 24 Jan 2024     |                      |  |

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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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