RI SOS Filing Number: 202445566710 Date: 2/5/2024 9:48:00 AM



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

202 ک 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				
001695024	Turnkey Residential Properties LLC				
3. NAICS Code 5 3 110	4. Brief description of the character of business conducted in Rhode Island Rewall Reporty Moneye ment				
5. State of Formation	1				
K I					
6. Principal Office Address		City	State	Zip	
14 4:1100 Dr.	Crawsten		RY	07470	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name	•	Contact Title			
Christopher Capani		LLC OWNER			
Street Address		City	State	Zip	
14 willow Dr.		Crowster	RI	02920	
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 Christoph or Cyperz:		Date 2/5/	Date 2/5/24		
Signature of Authorized Person			2/5/2	4	

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MAIL TO:

Division of Business Services

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

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