

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

Annual Report for the year: 2024

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 <b>001716914</b>	•	Exact name of the Limited Liability Company     Magnolia Improvements LLC      Brief description of the character of business conducted in Rhode Island Real estate			
3. NAICS Code <b>531110</b>					
5. State of Formation RI					
6. Principal Office Address  243 Narragansett Park Drive		City East Providence	State RI	Zip <b>02916</b>	
7. Mailing Address of Limite	ed Liability Company and Na	me or Title of Contact Person	<u> </u>		
Contact Name  Joshua Agostini		Contact Title Authorized Agent			
Street Address 243 Narragansett Park Drive		City East Providence	State RI	Zip <b>02916</b>	
8. The Resident Agent infor	mation currently of record wi	ith the RI Department of State is accur	rate. Changes requ	ire filing Form 642.	
	l declare and affirm that I h tatements contained hereir	nave examined this report, including n are true and correct.	g any accompany	ing schedules and	
Name of Authorized Person Joshua Agostini		Date 1/22/2024			
Signature of Authorized Per	1 1/4-	Menh		<del>/                                    </del>	

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 18 FILED 147