



**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.

FILED
 FEB 09 2024
 BY *[Signature]*

1. Entity ID Number 000129448	2. Exact name of the Limited Liability Company E.R. ALGER AND COMPANY LLC		
3. NAICS Code 541211	4. Brief description of the character of business conducted in Rhode Island CERTIFIED PUBLIC ACCOUNTANT		
5. State of Formation RI			
6. Principal Office Address 519 MENDON ROAD		City CUMBERLAND	State RI
Zip 02864			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name EDGAR R ALGER III		Contact Title AGENT	
Street Address 519 MENDON ROAD		City CUMBERLAND	State RI
		Zip 02864	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <i>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.</i>			
Name of Authorized Person EDGAR R ALGER III			Date 2/5/2024
Signature of Authorized Person <i>[Signature]</i>			

MAIL TO:
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