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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

1. Entity ID Number 2. Exact name of the Limited Liability Company MANAGE RATH ESTATE 6. Principal Office Address City State Zip 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Title CALLO Street Address State Z·ρ 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 12/23/

**FILED** 

2:28 BY ML T

MAIL TO:

Division of Business Services

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

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

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.