RI SOS Filing Number: 202446637130 Date: 2/14/2024 4:00:00 PM

| n (Line |  |
|---------|--|
|         |  |

## 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<br>001729535              | 2. Exact name of the Limited Liability Company  Mojo Properties LLC   |  |                   |                             |  |
|---|---|--|-------------------|-----------------------------|--|
| 3. NAICS Code<br><b>531390</b>                | Brief description of the character of business conducted in Rhode Island     Purchase, develop, sell and rent real estate and all related activities. |  |                   |                             |  |
| 5. State of Formation RI                      |   |  |                   |                             |  |
| 6. Principal Office Address 43 Kenwood Avenue |   | City<br>South Kingstown                | State<br>RI       | Zip<br><b>02879</b>         |  |
| 7. Mailing Address of Limite                  | ed Liability Company and Name or Title  | e of Contact Person                    |                   |                             |  |
| Contact Name<br>Jeremy M. Walsh               |   | Contact Title Authorized Person        |                   |                             |  |
| Street Address 43 Kenwood Avenue              |   | City<br>South Kingstown                | State<br>RI       | <sup>Z]p</sup> <b>02879</b> |  |
| 8. The Resident Agent Info                    | mation currently of record with the RI  | Department of State Is accur           | ate. Changes requ | lre ffling Form 642.        |  |
|   | i declare and affirm that I have exam<br>tatements contained herein are true  |  | any accompany     | ing schedules and           |  |
| Name of Authorized Person  Jeremy M. Walsh    |   |  | Date //S/24       |                             |  |
| Signature of Authorized Pe                    |   | ······································ |                   | <del></del>                 |  |

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Websits: www.sos.rl.gov FILED

FEB 1 4 2024

FORM 632 - Revised: 04/2023