State of Rhode Island
Department of State - Business Services Division

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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	2. Exact name of the Limited Liability Company		
001742651	Good Shepherd, LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
531311	real estate holding		
5. State of Formation			
Rhode Island			
6. Principal Office Address	City	State	Zip
9 Chickadee Court	Bedford	NH	03110
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Christopher G. Bond	Contact Title Member		
Street Address 9 Chickadee Court	City Bedford	State NH	Zip 03110
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642			
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	Date		
Christopher Bond	2/9/24		
Signature of Authorized Person			

MAIL TO:
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