RI SOS Filing Number: 202446931490 Date: 2/20/2024 4:00:00 PM

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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.

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FEB	20	2024	12
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1. Entity ID Number 000681676	Exact name of the Limited Liability Company Traz Capital Partners II, LLC					
3 NAICS Code 531110		Brief description of the character of business conducted in Rhode Island				
5. State of Formation Rhode Island						
6. Principal Office Address		City	State	Zıp		
PO Box 179		Block Island	RI	02807		
7. Mailing Address of Limite	ed Liability Company and Name of	or Title of Contact Person	<u> </u>	1		
Contact Name Jonathan Newcomb		Contact Title Member				
Street Address 4251 Gulf Shore Blvd North		City Naples	State FL	Zip 34103		
8. The Resident Agent infor	mation currently of record with th	ne RI Department of State is acc	curate Changes requir	e filing Form 642		
	l declare and affirm that I have tatements contained herein are		ing any accompanyin	g schedules and		
Name of Authorized Person			Date 2/6	Date 2/6/24		
Signature of Authorized Pe	. 1			<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