




State of Rhode Island

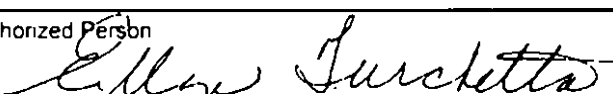
Department of State - Business Services Division

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.

FEB 20 2024 STAMP

252  FOR
CLERK OF STATE
JST DWL

1. Entity ID Number 798773		2. Exact name of the Limited Liability Company APARR, LLC	
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island hold, manage, lease, rent, mortgage, sell, convey or otherwise deal in and with real estate	
5. State of Formation RI			
6. Principal Office Address 530 Sharon Street		City Providence	State RI
		Zip 02908	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Ellen R. Turchetta		Contact Title Manager	
Street Address 530 Sharon Street		City Providence	State RI
		Zip 02908	
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 Ellen Turchetta, Manager		Date 2/8/24	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov