RI SOS Filing Number: 202447107740 Date: 2/22/2024 4:00:00 PM

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## 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.

| REC'D<br>'24 FEB                |  |
|---------------------------------|--|
| 20 RIDOS BSD<br>EB 22 FN3:44:43 |  |

| 1. Entity ID Number              | 2. Exact name of the Limited Liability Company                                                 |                                |                      |                                 |  |
|----------------------------------|------------------------------------------------------------------------------------------------|--------------------------------|----------------------|---------------------------------|--|
| 001673531                        | Preserve Range, LLC                                                                            |                                |                      |                                 |  |
| 3 NAICS Code<br>531390           | Brief description of the character of business conducted in Rhode Island  Managing Real Estate |                                |                      |                                 |  |
| 5 State of Formation             |                                                                                                |                                |                      |                                 |  |
| 6 Principal Office Address       |                                                                                                | City                           | State                | Zıp                             |  |
| 87 Kingstown Road                | Wyoming                                                                                        |                                | RI                   | 02898                           |  |
| 7 Mailing Address of Limited     | d Liability Company and Name or 1                                                              | Title of Contact Person        |                      | •                               |  |
| Contact Name Paul P. Mihailides  |                                                                                                | Contact Title Manager          |                      |                                 |  |
| Street Address 87 Kingstown Road |                                                                                                | City Wyoming                   | State RI             | <sup>Z<sub>ip</sub></sup> 02898 |  |
| 8. The Resident Agent inform     | nation currently of record with the                                                            | RI Department of State is accu | rate. Changes requir | e filing Form 642.              |  |
|                                  | y, I declare and affirm that I have<br>atements contained herein are t                         |                                | ling any accompany   | ring schedules and              |  |
| Name of Authorized Person        |                                                                                                | Date                           |                      |                                 |  |
| Paul P. Mihailides, Manager      |                                                                                                |                                | 1 2-22-24            |                                 |  |
| Signature of Authorized Por      | son                                                                                            |                                |                      |                                 |  |

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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