



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.

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><b>001673537</b>                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br><b>Preserve Range Management, LLC</b>                                         |                    |
| 3. NAICS Code<br><b>451110</b>                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Sporting Goods and activities management.</b> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                             |  |                                                                                                                                 |                    |
| 6. Principal Office Address<br><b>87 Kingstown Road</b>                                                                                                                                                        |  | City<br><b>Wyoming</b>                                                                                                          | State<br><b>RI</b> |
|                                                                                                                                                                                                                |  | Zip<br><b>02898</b>                                                                                                             |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                                                 |                    |
| Contact Name<br><b>Paul P. Mihailides</b>                                                                                                                                                                      |  | Contact Title<br><b>Manager</b>                                                                                                 |                    |
| Street Address<br><b>87 Kingstown Road</b>                                                                                                                                                                     |  | City<br><b>Wyoming</b>                                                                                                          | State<br><b>RI</b> |
|                                                                                                                                                                                                                |  | Zip<br><b>02898</b>                                                                                                             |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                            |  |                                                                                                                                 |                    |
| 9. <i>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.</i> |  |                                                                                                                                 |                    |
| Name of Authorized Person<br><b>Paul P. Mihailides, Manager</b>                                                                                                                                                |  | Date<br><b>✓ 2-22-24</b>                                                                                                        |                    |
| Signature of Authorized Person<br>                                                                                                                                                                             |  |                                                                                                                                 |                    |

FILED

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BY 711 FNP

**MAIL TO:**

**Division of Business Services**  
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**Phone:** (401) 222-3040  
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