



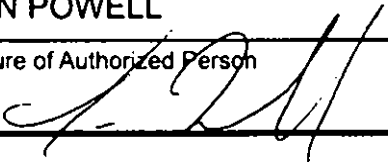
State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year:  
Limited Liability Company

2022

- 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<br>001704359                                                                                                                                                                        | 2. Exact name of the Limited Liability Company<br>Powell & Son's Investment Group, LLC                 |                   |                    |              |
| 3. NAICS Code<br>531390                                                                                                                                                                                 | 4. Brief description of the character of business conducted in Rhode Island<br>REAL ESTATE INVESTMENTS |                   |                    |              |
| 5. State of Formation<br>RI                                                                                                                                                                             |                                                                                                        |                   |                    |              |
| 6. Principal Office Address<br>144 WEST LAWN AVENUE                                                                                                                                                     |                                                                                                        | City<br>PAWTUCKET | State<br>RI        | Zip<br>02860 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |                                                                                                        |                   |                    |              |
| Contact Name<br>SEAN POWELL                                                                                                                                                                             |                                                                                                        | Contact Title     |                    |              |
| Street Address<br>144 WEST LAWN AVENUE                                                                                                                                                                  |                                                                                                        | City<br>PAWTUCKET | State<br>RI        | Zip<br>02860 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                     |                                                                                                        |                   |                    |              |
| 9. 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<br>SEAN POWELL                                                                                                                                                                |                                                                                                        |                   | Date<br>02/23/2024 |              |
| Signature of Authorized Person<br>                                                                                   |                                                                                                        |                   |                    |              |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
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FILED  
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BY ML G22G1W