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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company 2024

→ 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	2. Exact name of the Limited Liability Company					
061683682	Allied Loncepts LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
. 531110						
5. State of Formation	١ ۾ .					
RI	Real estate transactions					
6. Principal Office Address		City	State	Zip		
165 Free	Man ST	Warwick	RI	02886		
7. Mailing Address of Limited Lia	7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title				
Jacklyn Ross		Munager City Warwick RI 02886				
Street Address		City	State	Zip C		
1 165 Free	man ST	Warwick	KT_	^z 63886		
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			Date	ı		
Southly	Mkoo 3	racklyn ROSI	3/1	2024		
Signature of Authorized Person						

FILED MAR 0 1 2024 BYYYU 3741

MAIL TO:

Division of Business Services

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

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