

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.



1 Entity ID Number		2. Exact name of the Limited Liability Company			
001681980	3 Brains, LLC	3 Brains, LLC			
3 NAICS Code	'	Brief description of the character of business conducted in Rhode Island			
531110	Own and manage re	Own and manage real estate			
5 State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
114 West Main Road		Middletown	RI	02842	
7. Mailing Address of Limite	ed Liability Company and Name o	r Title of Contact Person		· · · · · · · · · · · · · · · · · · ·	
Contact Name Emily Roberts		Contact Title Member			
Street Address 114 West Main Road		City Middletown	State RI	71p 02840 0284	
8. The Resident Agent info	mation currently of record with th	e RI Department of State is accui	rate. Changes requir	re filing Form 642.	
	ry, I declare and affirm that I ha tatements contained herein are	ve examined this report, includ true and correct.	ing any accompan	ying schedules and	
Name of Authorized Person			Date		
Emily Roberts			2.20.24		
Signature of Authorized Pe	rson		•	1	

MAIL TO:

Division of Business Services

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

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