



**State of Rhode Island
Department of State - Business Services Division**

FILED
STAMP
MAR 06 2024
BY *[Signature]*

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 1740994 | | 2. Exact name of the Limited Liability Company Risica TCI Holdings LLC | | | |
| 3. NAICS Code 531390 | | 4. Brief description of the character of business conducted in Rhode Island Real Estate Holding | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 80 Riverside Drive | | | City Narragansett | State RI | Zip 02882 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Robert M. Risica | | | Contact Title | | |
| Street Address 80 Riverside Drive | | | City Narragansett | State RI | Zip 02882 |
| 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 Robert M. Risica | | | | Date 3/1/2024 | |
| Signature of Authorized Person <i>[Signature]</i> | | | | | |

MAIL TO:

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