



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 MAR 8 PM 2:04:00

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.

| | | | |
|---|--|---|--------------------|
| 1. Entity ID Number <u>000095268</u> | | 2. Exact name of the Limited Liability Company <u>MARSOCCI PROPERTIES, LLC</u> | |
| 3. NAICS Code <u>531110</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Property Management</u> | |
| 5. State of Formation <u>RI</u> | | | |
| 6. Principal Office Address <u>240 George Washington Road</u> | | City <u>Johnston</u> | State <u>RI</u> |
| | | Zip <u>02919</u> | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name <u>Michael Marsocci</u> | | Contact Title | |
| Street Address <u>240 George Washington</u> | | City <u>Johnston</u> | State <u>RI</u> |
| | | Zip <u>02919</u> | |
| 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 <u>MICHAEL MARSOCCI</u> | | Date <u>3-7-24</u> | |
| Signature of Authorized Person | | | |

FILED

MAR 08 2024

BY

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MAIL TO:

Division of Business Services
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