RI SOS Filing Number: 202448298050 Date: 3/8/2024 4:00:00 PM



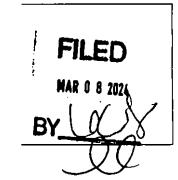
## State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 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                              |                         |          |                      |
|---|---|-------------------------|----------|----------------------|
| 001736887   | NERI PROPERTY GROUP LLC   |                         |          |                      |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |                         |          |                      |
| 531390  | Purchase, sale and management of real estate                                |                         |          |                      |
| 5. State of Formation   | 1   |                         |          |                      |
| RI  |   |                         |          |                      |
| 6. Principal Office Address   |   | City                    | State    | Zip                  |
| 107 Touisset Road   |   | Warren                  | RI       | 02885                |
| 7. Mailing Address of Limited Lia   | ability Company and Name or   | Title of Contact Person |          |                      |
| Contact Name Caleb Neves  |   | Contact Title  Member   |          |                      |
| Street Address 107 Touisset Road  |   | City<br>Warren          | State RI | <sup>Zıp</sup> 02885 |
| 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  |   |                         |          |                      |
| Caleb Neves / 3/4/24  |   |                         |          |                      |
| Signature of Authorized Person  |   |                         |          |                      |
|   |   |                         |          |                      |
| (/  | 77  |                         |          | <del></del>          |

MAIL TO:

Division of Business Services

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

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