



State of Rhode Island
 Department of State - Business Services Division

FILED
 MAR 08 2024
 BY MM

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 001745157		2. Exact name of the Limited Liability Company Vast Team Realty, LLC		
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island Real Estate Rental		
5. State of Formation RI				
6. Principal Office Address 73 Peep Toad Road		City North Scituate	State RI	Zip 02857
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name William Frederickson		Contact Title Sole Member		
Street Address 73 Peep Toad Road		City North Scituate	State RI	Zip 02857
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
<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 William Frederickson			Date 02/27/24	
Signature of Authorized Person X				

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov



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1. Entity ID Number <u>000143570</u>		2. Exact name of the Limited Liability Company <u>FLORI'S TREASURES, LLC</u>	
3. NAICS Code <u>453998</u>		4. Brief description of the character of business conducted in Rhode Island <u>ART GLASS, LAMPS, JEWELRY AND GIFTS</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>45 CANDLEWOOD DRIVE</u>		City <u>NORTH KINGSTOWN</u>	State <u>RI</u>
		Zip <u>02852</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>BRIAN NELSON</u>		Contact Title <u>PRESIDENT</u>	
Street Address <u>45 CANDLEWOOD DRIVE</u>		City <u>NORTH KINGSTOWN</u>	State <u>RI</u>
		Zip <u>02852</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>BRIAN K. NELSON</u>			Date <u>3/5/24</u>
Signature of Authorized Person <u>[Signature]</u>			

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1. Entity ID Number <u>000534265</u>		2. Exact name of the Limited Liability Company <u>FNB PROPERTIES, LLC</u>	
3. NAICS Code <u>531120</u>		4. Brief description of the character of business conducted in Rhode Island <u>PROPERTY HOLDING COMPANY</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>45 CANDLEWOOD DRIVE</u>		City <u>NORTH KINGSTOWN</u>	State <u>RI</u>
			Zip <u>02852</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>BRIAN NELSON</u>		Contact Title <u>PRESIDENT</u>	
Street Address <u>45 CANDLEWOOD DRIVE</u>		City <u>NORTH KINGSTOWN</u>	State <u>RI</u>
			Zip <u>02852</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>BRIAN K NELSON</u>			Date <u>3/5/24</u>
Signature of Authorized Person <u>Brian K Nelson</u>			

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