State of Rhode Island
Department of State - Business Services Division

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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		
000163153	Absent Malice, LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
561611	Engage in investment activities.		
5. State of Formation			
Rhode Island			
6. Principal Office Address	City	State	Zip
8 Ocean Heights Road	Newport	RI	02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: Steven M. Bowman	Contact Title: Manager		
Street Address: 8 Ocean Heights Road	City: Newport	State: RI	Zip: 02840
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: Steven M. Bowman	Date: 2/17/24		
Signature of Authorized Person			

FILED

MAR 12 2024

BY A6H30

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MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
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