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

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.

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| 1. Entity ID Number<br>000790040                      | 2. Exact name of the Limited L<br>Cape Coral, LLC                           | 2. Exact name of the Limited Liability Company Cape Coral, LLC                                       |                     |                      |  |  |
|---|---|--|---------------------|----------------------|--|--|
| 3. NAICS Code<br>531390                               |   | Brief description of the character of business conducted in Rhode Island     Real Estate Investment. |                     |                      |  |  |
| 5. State of Formation<br>Rhode Island                 |   |  |                     |                      |  |  |
| 6. Principal Office Address                           |   | City   | State               | Zip                  |  |  |
| 130 Angell Road                                       |   | Cumberland   | RI                  | 02864                |  |  |
| 7. Mailing Address of Limite                          | ed Liability Company and Name or Tit  | le of Contact Person   |                     |                      |  |  |
| Contact Name John Trojan, Jr.                         |   | Contact Title Manager  |                     |                      |  |  |
| Street Address 130 Angell Road                        |   | City Cumberland  | State RI            | <sup>Zip</sup> 02864 |  |  |
| 8. The Resident Agent infor                           | mation currently of record with the RI                                      | Department of State is accura  | te. Changes require | e filing Form 642.   |  |  |
|   | y, I declare and affirm that I have e<br>tatements contained herein are tru |  | ig any accompany    | ring schedules and   |  |  |
| Name of Authorized Person<br>John Trojan, Jr. Manager |   |  | 3/7/Jo24            |                      |  |  |
| Signature of Authorized Per                           | In two the  |  |                     |                      |  |  |
| V   |   |  | ·                   |                      |  |  |

MAIL TO:

**Division of Business Services** 

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

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