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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

MAR 1 3 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	2. Exact name of the Limited Liability Company				
000314692	RI HOMES IL				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531110	REAL ESTATE				
5. State of Formation					
RI					
6 Principal Office Address	<u> </u>		City	State	Zip
29 MAUREEN DRIVE			SMITHFIELD	RI	02917
7. Mailing Address of Limited Lia	bility Company and N	lame or Title	of Contact Person	•	·
Contact Name DEBRA AVICOLLI			Contact Title		
Street Address 29 MAUREEN DRIVE			City SMITHFIELD	State RI	^{Zip} 02917
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	
DEBRA AVICOLLI					
Signature of Authorized Person	Ten / 1				

MAIL TO:

Division of Business Services

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

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