

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

2024 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 Limit | ed Liability Company | - | |
|---|---|----------------------------|----------------|----------------------|
| I · | 2. Exact name of the Limited Liability Company | | | |
| 790902 | THE PAOLINO GROUP, LLC | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | |
| 524210 | Business Development | | | |
| 5. State of Formation | 1 | | | |
| Rhode Island | | | | |
| 6. Principal Office Address | | City | State | Zıp |
| 100 Westminster Street | | Providence | RI | 02903 |
| 7. Mailing Address of Limited Li | ability Company and Name o | or Title of Contact Person | 1 | • |
| Contact Name | | Contact Title | | |
| Gregory A. Paolino | | Member | | |
| Street Address 100 Westminster Street | | City Providence | State RI | ^{Zip} 02903 |
| 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 | A. PAUCINO | | Date 3/18/2024 | |
| Signature of Authorized Person | Soll- Monda | <i>(</i> - | | <i></i> |

MAIL TO:

Division of Business Services

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