

State of Rhode Island

Department of State - Business Services Division

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 Li	2. Exact name of the Limited Liability Company			
1714508	Ocean Avenue Private Sewer Association, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island Operate and maintain a private sewer system servicing the respective				
237110					
5. State of Formation	residential properties of its members.				
RI					
6. Principal Office Address		City	State	Zip	
122 Touro Street		Newport	RI	02840	
7. Mailing Address of Limited	Liability Company and Name or Title	e of Contact Person			
Contact Name Turner C. Scott		Contact Title Resident Agent			
Street Address 122 Touro Street		City Newport	State	^{Zip} 02840	
8. The Resident Agent inform	ation currently of record with the RI	Department of State is acc	urate. Changes requir	e filing Form 642.	
	I declare and affirm that I have externed to the large true true to the large true true true true true true true tru	•	ding any accompany	ing schedules and	
Name of Authorized Person The Const C. Scott			O3/14/24		
Signature of Authorized Person	on 72-				

Division of Business Services

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

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