



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

Annual Report for the year: 2024  
Limited Liability Company

MAR 20 2024

21842

- 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 <b>000126856</b>		2. Exact name of the Limited Liability Company <b>FMA, LLC</b>			
3. NAICS Code <b>53120</b>		4. Brief description of the character of business conducted in Rhode Island <b>rental to a restaurant</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>249 Woodruff Ave</b>		City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>FRANCIS Alexakos, PhD</b>			Contact Title <b>CEO</b>		
Street Address <b>249 Woodruff Ave</b>		City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	
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 <b>FRANCIS Alexakos, PhD</b>				Date <b>3/16/24</b>	
Signature of Authorized Person <i>FRANCIS Alexakos, PhD</i>					

**MAIL TO:**

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