

## 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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
001748461	Pedro M. Santos and Sherry Santos, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531311	Real estate property managers				
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
21-23 Smith Street		East Providence	RI	02915	
7. Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person	1	•	
Contact Name Timothy J.	Chapman, Esq.	Contact Title Agent			
Street Address 349 Warre	n Avenue	City East Providence	State RI	<sup>Zip</sup> 02914	
8. The Resident Agent infor	mation currently of record with the	RI Department of State is accurate.	Changes require	e filing Form 642.	
	y, I declare and affirm that I hav latements contained herein are	re examined this report, including a true and correct.	any accompany	ring schedules and	
Name of Authorized Person			Date 7	10/1	
Pedro M. Santos			1 2	17/27	
Signature of Authorized Per	son				

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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

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