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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

→ 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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REC'U RIDOS 850 22 PK2:38:55		

1. Entity ID Number	2. Exact name of the Lim	2. Exact name of the Limited Liability Company					
001667695	CEDAR SWAM	CEDAR SWAMP INVESTMENTS , LLC					
3. NAICS Code	•	4. Brief description of the character of business conducted in Rhode Island					
531390	Real Estate Holding	Real Estate Holding Company.					
5. State of Formation		•					
Rhode Island							
6. Principal Office Address		City	State	Zip			
49 Cedar Swamp Road #10		Smithfield	RI	02917			
7. Mailing Address of Limite	ed Liability Company and Name	or Title of Contact Person					
Contact Name Trisha Jeffrey		Contact Title Member					
Street Address 49 Cedar Swamp Road #10		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.							
	ry, I declare and affirm that I ha tatements contained herein ar	eve examined this report, include e true and correct.	ling any accompan	ying schedules and			
Name of Authorized Persor	1		Date	1			
Trisha Jeffrey, Member				5/24			
Signature of Authorized Per	rson	<i>///</i>					

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MAIL TO:

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

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