

## 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.

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1. Entity ID Number	2. Exact name of the Limit	2. Exact name of the Limited Liability Company				
001745716	BRILL, LLC	BRILL, LLC				
3. NAICS Code	4. Brief description of the	4. Brief description of the character of business conducted in Rhode Island				
531390	Management and a	Management and acquistion of real estate				
5. State of Formation						
RI						
6. Principal Office Address	· <del></del>	City	State	Zip		
10 Paula Lane		Foxborough	MA	02035		
7. Mailing Address of Limite	d Liability Company and Name o	or Title of Contact Person		,		
Contact Name Bryony Bo	uyer	r Contact Title Member		-		
Street Address 10 Paula Lane		City	State MA	<sup>Zip</sup> 02035		
8. The Resident Agent infor	mation currently of record with th	e RI Department of State is accur	ate. Changes require	e filing Form 642.		
	y, I declare and affirm that I ha tatements contained herein are	ve examined this report, includi e true and correct.	ing any accompany	ring schedules and		
Name of Authorized Person		Dale	12.1			
Bryony Bouyer		3/2	7/24			
Signature of Authorized Per	son		- 1	1		
My.						

FILED

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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