

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

Annual Report for the year: **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.

	24
	REC'D
N.S	52
REC'D	RIDOS BSD 15 AK9:23:
150 X	85D 1:23:
	11.0

			は男		
1. Entity ID Number	2. Exact name of the Limited Lia	bility Company	1.1.C		
001686174	The Pack	Country Club	ίζι		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
812910	Director and the services				
5. State of Formation	Dug gwoming				
RI					
6. Principal Office Address		City	State	Zip	
340 Somm	el Gortan Are	Worwick	RI	02889	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name	1	Contact Title			
Jonathon	Bird	Owner			
Street Address	<u> </u>	city Workick	State	Zip	
340 Somuel	Gorton Ave	Workick	I KI	02889	
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			Date		
Jonathon Bird			2/28/24		
Signature of Authorized Person					

APR 4 2024 / 11 Y

MAIL TO:

Division of Business Services

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

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