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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

APR 0 5 2024

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→ 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	ID Number 2. Exact name of the Limited Liability Company			
000087472	ONADUNE, L.L.C.			
3. NAICS Code 5 3 1 10 5. State of Formation RT	4. Brief description of the character of business conducted in Rhode Island VACATION HOUSE RENTED TO INDIVIDUALS AND FAMILIES SEASONALY			
6. Principal Office Address		City	State	Zip
3 SCANLON WAY		NEWFIROS	HH	03856
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
THOMAS E. HASSAN		Contact Title L.L.C MIMBIR		
Street Address 3 SCANLON WAY		NWFILLDS	State N H	Zip 03856
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 THOMAS F. HASSAN			Date 4/1/24	
Signature of Authorized Person Number Effort				

MAIL TO:

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

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