



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Limited Liability Company

2024

APR 05 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 000087472		2. Exact name of the Limited Liability Company ONAOUNE, L.L.C.	
3. NAICS Code 53110		4. Brief description of the character of business conducted in Rhode Island VACATION HOUSE RENTED TO INDIVIDUALS AND FAMILIES SEASONALY	
5. State of Formation RI			
6. Principal Office Address 3 SCANLON WAY		City NEWFIELDS	State NH
Zip 03856			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name THOMAS E. HASSAN		Contact Title L.L.C MEMBER	
Street Address 3 SCANLON WAY		City NEWFIELDS	State NH
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 E. HASSAN			Date 4/1/24
Signature of Authorized Person <i>Thomas E Hassan</i>			

MAIL TO:

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