

State of Rhode Island

Department of State - Business Services Division

Lara Capital LLc

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

2. Exact name of the Limited Liability Company

PROPERTY AND FINANCIAL ASSETS

AND MANAGEMENT ADVICE

2024 Annual Report for the year: **Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

1. Entity ID Number

999 999

5. State of Formation

6. Principal Office Address

25 Cranston Ave

Contact Name

Street Address

000141826

3. NAICS Code

Ri

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



FILED

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
st	atements, and that all statements contained herein are true and correct.

City

Newport

Contact Title

Wakefield

Partner

Name of Authorized Person

Sandra Kenney

752 Post Road

Sandra Kenney

Signature of Authorized Person

Date

04/04/2024

MAIL TO:

Division of Business Services

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

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