



State of Rhode Island
Department of State - Business Services Division

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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 001763665 | | 2. Exact name of the Limited Liability Company Rhilinger Capital LLC | |
| 3. NAICS Code 531390 | | 4. Brief description of the character of business conducted in Rhode Island Purchase, hold, develop, improve, and rent real estate. | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 321-323 Warren Avenue | | City East Providence | State RI |
| Zip 02914 | | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name Cynthia A. Cabana | | Contact Title Manager | |
| Street Address 2576 Maple Swamp Road | | City North Dighton | State MA |
| Zip 02764 | | | |
| 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 Cynthia A. Cabana, Manager | | Date 3/30/2024 | |
| Signature of Authorized Person | | | |

FILED

APR 11 2024
BY 1058 AA

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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