

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

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

- → Filing period: February 1 May 1
- → Fiting Fee: \$50.00
- -> Penalty. Additional \$25,00 fee if form is not filed by May 31.

REC'D RID '24 APR 12				
RIDOS 850 2 12 M2:49:50	S	١	• -	

1. Entity IO Number	2. Exect name of the Limbod Liability Company					
000110568	Sea Breeze Partners, LLC					
3, NAICS Code 721191	4. Brief description of the character of pusiness concucsed in Rhode intend Ownling and Operating Real Estate					
5. State of Formation						
Rhode Island						
G. Principal Office Address		Cay	\$1a:e	Zip		
71 Spring Street, PO Box 141		Block Island	RI	02807		
7. Mailing Address of Limite	d Liebitty Company and Name o	Title of Contact Person				
Contact terme Andrea Moynier		Contractific Member				
Street Address 71 Spring Street, PO Box 141		City Block Island	5tule RI	^{2ψ} 02807		
8. The Resident Agent infor	mation currently of record with the	c RI Opportment of State is accura	xe. Changes majur	n filing Form 642		
	y, I declare and affirm that I have tatements contained herein are	re examined this report, includi true and correct.	ng any accompany	ring schedules and		
frame of /edhoused Pisson	Oute					
Alicia Cawley, Assist	4/5/2024					
Signature of Authorized Per	Son & Oaly	~				

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BY Nuvey

MAIL TO:

Division of Business Services

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

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