



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

**FILED**

APR 12 2024

BY 391088  
IOA

**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.

1. Entity ID Number 000484931		2. Exact name of the Limited Liability Company North Pines Residences, I.I.C		
3. NAICS Code 531190		4. Brief description of the character of business conducted in Rhode Island A Condominium Association		
5. State of Formation Rhode Island				
6. Principal Office Address 520 Old County Road West P.O. Box 1818		City Hicksville	State NY	Zip 11801
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Angelo Silveri		Contact Title Member		
Street Address 520 Old County Road West P.O. Box 1818		City Hicksville	State NY	Zip 11801
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
<i>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.</i>				
Name of Authorized Person Angelo Silveri			Date 2/29/24	
Signature of Authorized Person 				

**MAIL TO:**  
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