

## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 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.

FILED	1
APR 16 2024	
BY £ 17513	ŀ

Entity ID Number	2. Exact name of the Limited Liability Company					
001758323	39 Shady Harbor Drive, LLC					
3. NAICS Code  5. State of Formation  Rhode Island	Srief description of the character of business conducted in Rhode Island     Owning and managing real estate					
6. Principal Office Address		City	State	Zip		
39 Shady Harbor Drive		Charlestown	RI	02813		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Frank A. Longo		Contact Title President				
Street Address 370 Lexington Ave.		City New York	State NY	<sup>Zip</sup> 10017		
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			Date 1			
Frank A Lengo			1411	2/24		
Signature of Authorized Person						

MAIL TO:

**Division of Business Services** 

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

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