



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

→ Filing Fee: \$50.00

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

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FOR  
SECRETARY OF STATE  
USE ONLY

|                                                                                                                                                                                                                |  |                                                                                                              |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><b>001737814</b>                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br><b>Inlet Beach, LLC</b>                                    |                    |
| 3. NAICS Code<br><b>531311</b>                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real estate management</b> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                             |  |                                                                                                              |                    |
| 6. Principal Office Address<br><b>112 Firefly Way</b>                                                                                                                                                          |  | City<br><b>Inlet Beach</b>                                                                                   | State<br><b>FL</b> |
| Zip<br><b>32461</b>                                                                                                                                                                                            |  |                                                                                                              |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                              |                    |
| Contact Name<br><b>Stephen J. DiGianfilippo</b>                                                                                                                                                                |  | Contact Title<br><b>Attorney</b>                                                                             |                    |
| Street Address<br><b>50 Park Row West, Suite 107</b>                                                                                                                                                           |  | City<br><b>Providence</b>                                                                                    | State<br><b>RI</b> |
| Zip<br><b>02903</b>                                                                                                                                                                                            |  |                                                                                                              |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642                                                                             |  |                                                                                                              |                    |
| 9. <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<br><b>Charles A. Vecoli</b>                                                                                                                                                          |  | Date<br><b>3-8-2024</b>                                                                                      |                    |
| Signature of Authorized Person<br>                                                                                                                                                                             |  |                                                                                                              |                    |

**FILED**  
**APR 17 2024**  
**BY ML 33286**

**MAIL TO:**

**Division of Business Services**

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