

Annual Report for the year: Limited Liability Company

2024

→ Filing period. February 1 - May 1

→ Filing Fee \$50.00

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

REC'D RIDUS 35 24 APR 17 FK1:11

STAMP

FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Limite	2. Exact name of the Limited Liability Company			
001737814	Inlet Beach, LLC				
3 NAICS Code	Brief description of the character of business conducted in Rhode Island				
531311	Real estate manage	Real estate management			
5. State of Formation					
RI					
6. Principal Office Address	1	City	State	Zip	
112 Firefly Way		Inlet Beach	FL	32461	
7 Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person			
Contact Name Stephen J. DiGianfilippo		Contact Title Attorney			
Street Address 50 Park Row West, Suite 107		City Providence	State RI	^{Zip} 02903	
8. The Resident Agent infor	mation currently of record with the	RI Department of State is accur	ate. Changes requir	e filing Form 642	
	y, I declare and affirm that I hav tatements contained herein are		ing any accompany	ing schedules and	
Name of Authorized Person			Date		
Charles A. Vecoli			3-8-2024		
Signature of Authorized Per	son				

FILED

APR 17 2024

BY ML 33286

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov