

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.



| Entity ID Number | 2. Exact name of the Limited Liability Company | | | |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------|----------------------|
| 1663604 | SCHARTNER'S, LLC | | | |
| 3. NAICS Code 531390 | 4. Brief description of the character of business conducted in Rhode Island The purchase, lease, management and sale of residential, commercial and mixed parcels of improved and unimproved parcels of real estate. | | | |
| 5. State of Formation RHODE ISLAND | | | | |
| 6. Principal Office Address | | City | State | Zip |
| 605 INDIAN CORNER ROAD | | SAUNDERSTOWN | RI | 02874 |
| 7. Mailing Address of Limited Lia | bility Company and Name or Tit | tle of Contact Person | | |
| RICHARD J. SCHARTNER, II | | Contact Title MEMBER | | |
| Street Address 605 INDIAN CORNER ROAD | | City SAUNDERSTOWN | State RI | ^{Zip} 02874 |
| 8. The Resident Agent information | on currently of record with the R | Department of State is accurate. C | hanges require | filing Form 642 |
| 9. Under penalty of perjury, I d statements, and that all staten | | examined this report, including an se and correct. | y accompany | ing schedules and |
| Name of Authorized Person | | | Date | |
| RICHARD J. SCHARTNER, II. MEMBER | | | 4/1/24 | |
| Signature of Authorized Person | | | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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