



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

Annual Report for the year: 2024
Limited Liability Company

APR 23 2024 *RV*
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- 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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|---|--|--|-------------------------------|---------------------|
| 1. Entity ID Number <u>790204</u> | | 2. Exact name of the Limited Liability Company <u>Mohegan Trail 1014 LLC</u> | | |
| 3. NAICS Code <u>531190</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Family beach house owned by LLC. House is rented approximately 6-8 weeks per year, balance of summer used by family.</u> | | |
| 5. State of Formation <u>RI</u> | | | | |
| 6. Principal Office Address <u>24 Briarfield Rd.</u> | | City <u>Barrington</u> | State <u>RI</u> | Zip <u>02806</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name <u>Joan Lubrano</u> | | Contact Title <u>manager</u> | | |
| Street Address <u>24 Briarfield Rd.</u> | | City <u>Barrington</u> | State <u>RI</u> | Zip <u>02806</u> |
| 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 <u>Joan Lubrano, mgr. Mohegan Trail 1014 LLC</u> | | | Date <u>April 16, 2024</u> | |
| Signature of Authorized Person <u>Joan Lubrano</u> | | | | |

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