



State of Rhode Island
Department of State - Business Services Division

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FOR
SECRETARY OF STATE
USE ONLY

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.

| | | | | | |
|---|--|---|---------------------------|-------------------------------|--|
| 1. Entity ID Number 001716673 | | 2. Exact name of the Limited Liability Company 40 BAYBERRY, LLC | | | |
| 3. NAICS Code 531311 | | 4. Brief description of the character of business conducted in Rhode Island Real estate management | | | |
| 5. State of Formation RI | | | | | |
| 6. Principal Office Address 401 Sefton Drive 85 Hoyt Ave | | City Cranston Rumford | State RI | Zip 02905 02910 | |
| 7. Mailing Address of Limited 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 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 Julie T. Berry, Manager | | | | Date 4/14/2024 | |
| Signature of Authorized Person | | | | | |

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BY JC5QP

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MAIL TO:
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