



State of Rhode Island
Department of State - Business Services Division

FILED
STAMP
APR 25 2024
BY: *[Signature]*

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 000072993		2. Exact name of the Limited Liability Company SHEEHAN FAMILY, LLC	
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island TO ACQUIRE INTERESTS IN REAL PRPOERTY AND PERSONAL PROPERTY	
5. State of Formation RI			
6. Principal Office Address 70 PHILLIPS LANE		City HARMONY	State RI
Zip 02829			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <i>Patricia Sheehan</i>		Contact Title	
Street Address ONE CITIZENS PLAZA 8TH FL		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 PATRICIA SHEEHAN		Date 4/18/2024	
Signature of Authorized Person <i>Patricia Sheehan</i>			

MAIL TO:
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