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

Annual Report for the year: 2024 **Limited Liability Company**

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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.

Entity ID Number 2. Exact name of the Limited Liability Company				
11 79 87	FORGE, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island To function as a manufacturer's representative and real estate ownership,			
531390				
5. State of Formation	leasing, sales, man	agement, holding and invest	lment.	
RHODE ISLAND				
6. Principal Office Address		City	State	Zip
879 HOPKINS HILL ROAD		W. GREENWICH	RI	02817
7. Mailing Address of Limited	Liability Company and Name o	or Title of Contact Person		
Contact Name JOHN LEARY		Contact Title MEMBER		
Street Address 879 HOPKINS HILL ROAD		City W. GREENWICH	State RI	^{Zip} 02817
8. The Resident Agent informa	ation currently of record with th	e RI Department of State is accurate.	Changes require	e filing Form 642.
9. Under penalty of perjury, statements, and that all stat	l declare and affirm that I ha ements contained herein are	ve examined this report, including true and correct.	any accompany	ring schedules and
Name of Authorized Person			Date	
JOHN LEARY, MEMBER			3-20-24	
Signature of Authorized Perso	Ju V Ca	ey		
	/	7		

MAIL TO:

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

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