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State of Rhode Island

Department of State - Business Services Division

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.

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|---|--|----------------------|----------|----------------------|--|
| Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
| 135285 | LITTLE COMPTON HOLDINGS, LLC | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | |
| 531120 | Own and lease real estate. | | | | |
| 5. State of Formation | | | | | |
| Rhode Island | · | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| P.O. Box 3385 | | Westport | MA | 02790 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name David J. Ahearn | | Contact Title Member | | | |
| Street Address 10 High Meadow Road | | City Little Compton | State RI | ^{Zip} 02837 | |
| 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 | | | 9-20-24 | | |
| David J. Ahearn | | | 9-20 | -24 | |
| Signature of Authorized Person | | | | | |

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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