



State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year: 2023  
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<br><u>001741094</u>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><u>DURE Realty LLC</u>                          |                       |
| 3. NAICS Code<br><u>531390</u>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Real Estate</u> |                       |
| 5. State of Formation<br><u>R-I.</u>                                                                                                                                                                    |  |                                                                                                   |                       |
| 6. Principal Office Address<br><u>12 Rankin Ave</u>                                                                                                                                                     |  | City<br><u>Providence</u>                                                                         | State<br><u>RI</u>    |
|                                                                                                                                                                                                         |  | Zip<br><u>02908</u>                                                                               |                       |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                   |                       |
| Contact Name<br><u>Maureen Due</u>                                                                                                                                                                      |  | Contact Title<br><u>Owner</u>                                                                     |                       |
| Street Address<br><u>12 Rankin Ave</u>                                                                                                                                                                  |  | City<br><u>Providence</u>                                                                         | State<br><u>RI</u>    |
|                                                                                                                                                                                                         |  | Zip<br><u>02908</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<br><u>Maureen Due</u>                                                                                                                                                         |  |                                                                                                   | Date<br><u>5-1-24</u> |
| Signature of Authorized Person<br><u>[Signature]</u>                                                                                                                                                    |  |                                                                                                   |                       |

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BY FFR24

MAIL TO:

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