



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

**FILED**

MAY 02 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 <b>961150</b>		2. Exact name of the Limited Liability Company <b>Broadcommon Partners, LLC</b>			
3. NAICS Code <b>531120</b>		4. Brief description of the character of business conducted in Rhode Island <b>To hold and manage real estate</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>P.O. Box 752</b>		City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Sheri Lynn St. Germain</b>			Contact Title <b>Trustee SHERI ST. GERMAIN REV TRUST</b>		
Street Address <b>P.O. Box 752</b>		City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	
<input checked="" type="checkbox"/> The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>Sheri Lynn St. Germain, Trustee</b>				Date <b>4-20-2024</b>	
Signature of Authorized Person <i>[Signature: Sheri Lynn St Germain]</i>					

**MAIL TO:**  
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