RI SOS Filing Number: 202454062120 Date: 5/2/2024 4:00:00 PM



State of Rhode Island

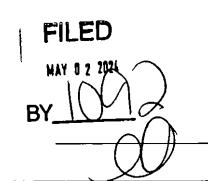
Department of State - Business Services Division

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.



| 1. Entity ID Number | 1.2 Exact some of the Limited Lie | shility Company | | | |
|---|---|-----------------|---------|---------|--|
| l ' | 2. Exact name of the Limited Liability Company | | | | |
| 000796485 | 35 1075 Scituate Ave, LLC | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| F2 | 1 | _ | | | |
| 00 1110 | State of Formation Real Estate | | | | |
| 5. State of Formation | 1 Real t | Slate | | | |
| Rhode Island | , , , | | | | |
| 6. Principal Office Address | , | City ~ | State | Zıp | |
| 12 Dalley | ac DI | Cranston | DT | 12920 | |
| 63 Dellwood Rd. | | Clariston | | 00 13-0 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name | | Contact Title | | | |
| Gina Valelli | | owner | | | |
| Street Address | 100 | City C | State | Zip | |
| Street Address 63 Dell | woodkd. | city Clanston | KT | 02920 | |
| 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. | | | | | |
| | | | Date , | | |
| Name of Authorized Person Gina Valelli | | | 4/20/24 | | |
| Signature of Authorized Person | | | | | |
| MinaM Valelli | | | | | |

MAIL TO:

Division of Business Services

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

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