



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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|---|--|---|--------------------|
| 1. Entity ID Number<br><b>1061495</b>   |  | 2. Exact name of the Limited Liability Company<br><b>Lakehouse Properties, LLC</b>                |                    |
| 3. NAICS Code<br><b>531110</b>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate</b> |                    |
| 5. State of Formation<br><b>Rhode Island</b>  |  |   |                    |
| 6. Principal Office Address<br><b>1368 Plainfield Pike</b>  |  | City<br><b>Greene</b>   | State<br><b>RI</b> |
| Zip<br><b>02827</b>   |  |   |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |   |                    |
| Contact Name<br><b>Emily-Beth Torgan Kheradi</b>  |  | Contact Title   |                    |
| Street Address<br><b>1368 Plainfield Pike</b>   |  | City<br><b>Greene</b>   | State<br><b>RI</b> |
|   |  | Zip<br><b>02827</b>   |                    |
| 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><b>Emily-Beth Torgan Kheradi</b>   |  | Date<br><b>4-6-24</b>   |                    |
| Signature of Authorized Person<br><i>E. Kheradi</i>   |  |   |                    |

MAILED

APR 29 2024

BY

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**MAIL TO:**

Division of Business Services  
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