

## 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.

224 SEC	
24 AFR 30 PH12:36:25	

1. Entity ID Number	2. Exact name of the Limited Liability Company				
001756123	Belmont Carriage House LLC				
3. NAICS Code 531390	Brief description of the character of business conducted in Rhode Island     To buy and hold real estate.				
5. State of Formation MS					
6. Principal Office Address		City	State	Zip	
242 Market Street		Flowood	MS	39208	
7. Mailing Address of Limited	Liability Company and Name	or Title of Contact Person	<del></del>		
Contact Name Tanner L. Jackson, Esq.		Contact Title Agent			
Street Address 122 Touro Street		C <sub>ity</sub> Newport	State	<sup>Zip</sup> 02840	
8. The Resident Agent inform	nation currently of record with the	ne RI Department of State is accu	ırate. Changes requir	e filing Form 642.	
	, I declare and affirm that I ha atements contained herein ar	eve examined this report, include true and correct.	ding any accompany	ying schedules and	
Name of Authorized Person		Date	Date		
Tanner L. Jackson, Esq.		4.29.24			
Signature of Authorized Pers	son		·	-	

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MAIL TO:

**Division of Business Services** 

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

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