




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.

FILED STAMP
MAY 01 2024
BY 5138
OS

1. Entity ID Number 001749521		2. Exact name of the Limited Liability Company HALCYON ENTERPRISES, LLC	
3. NAICS Code 532111		4. Brief description of the character of business conducted in Rhode Island passenger car rental and all other lawful purposes	
5. State of Formation RI			
6. Principal Office Address 20 AUBURN DRIVE		City CHARLESTOWN	State RI
		Zip 02813	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Judith A. Frederickson, Esq.		Contact Title Registered Agent	
Street Address 4972 Tower Hill Road		City Wakefield	State RI
		Zip 02879	
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 Vincent Joyce		Date 4/01/2024	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services

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