RI SOS Filing Number: 202454018640 Date: 5/1/2024 4:00:00 PM

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## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2024 **Limited Liability Company** 

FILED

→ Filing period: February 1 - May 1

MAY 01 2024

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

|   | <u> </u>  |                      |    |              |                         |  |  |
|---|---|----------------------|----|--------------|-------------------------|--|--|
| 1. Entity ID Number   | 2. Exact name of the Limited Liability Company  |                      |    |              |                         |  |  |
| 000089408   | ALL PROPERTIES LLC  |                      |    |              |                         |  |  |
| 3. NAICS Code  5. State of Formation  | 4. Brief description of the character of business conducted in Rhode Island  REAL ESTATE DEVELOPMENT AND MANAGEMENT |                      |    |              |                         |  |  |
| RI  |   |                      |    |              |                         |  |  |
| 6. Principal Office Address   |   | City                 | St | ate          | Zip                     |  |  |
| 27 TIMOTHY DR.  |   | WESTERLY             |    | <u>ゴ</u>     | 02891                   |  |  |
| 7. Mailing Address of Limited Lia   | bility Company and Name or Title  | of Contact Person    | ·  |              |                         |  |  |
| Contact Name ROBERT E. LIGU   | Contact Title OWNER MANAGER   |                      |    |              |                         |  |  |
| Street Address 1289 PARTRIDGE PL N  |   | City<br>BOYNTION BEA |    | ate<br>      | <sup>Zip</sup><br>33436 |  |  |
| 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  LOBSET E. LIGUORI  |   |                      | Da | Date 4/24/24 |                         |  |  |
| Signature of Authorized Person  | ón  |                      |    |              |                         |  |  |

MAIL TO:

**Division of Business Services** 

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

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