RI SOS Filing Number: 202454471670 Date: 5/6/2024 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual	Report for	the	year:
Limited	Liability (omi	pany

2024

MAY 0 8 2024 Q

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→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

* Entity ID Number	2. Exact name of the Limit	2. Exact name of the Limited Liability Company			
000111426	Homestead Ass	Homestead Associates, LLC			
3 NA'CS Code 531120		4. Brief description of the character of business conducted in Rhode Island Lessors of Non-Residential Buildings			
5. State of Formation					
6. Principal Office Address		City	State State	Ζp	
421 High Street		Cumberland	RI	02864	
7 Mailing Address of Limit	ed Liability Company and Name	or Title of Contact Person			
Contact Name Fred Smith		Contact Tile Member			
Street Address 421 High Street		C:y Cumberland	State RI	^{Zip} 02864	
8. The Resident Agent info	rmation currently of record with t	he RI Department of State is accura	ate. Changes requir	e filing Form 642	
	ry, I declare and affirm that I hat the tate of the ta	ave examined this report, including true and correct.	ng any accompany	ving schedules and	
Name of Authorized Person			Date		
Fred Smith		5/1/2024			
Signature of Authorized Pe	Teo Smith		5/1/2024		

MAIL TO:

Division of Business Services

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

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