

State of Rhode Island

Department of State - Business Services Division

Annual	Report fo	or the	year:
Limited	Liability	Comp	any

2024

MAY 0 8 2024 Q

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

1 Entity ID Number 000111426		2. Exact name of the Limited Liability Company 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	Zp		
421 High Street		Cumberland	RI	02864		
7 Mailing Address of Limite	ed Liability Company and Name (or Title of Contact Person				
Contact Name Fred Smit	ר	Contact Tite Member				
Street Address 421 High Street		C _{(y} Cumberland	State	^{Zio} 02864		
8. The Resident Agent info	mation currently of record with th	ne RI Department of State is accura	ite. Changes requir	e filing Form 642		
	y, I declare and affirm that I ha tatements contained herein ar	ive examined this report, includir e true and correct.	ng any accompany	ving schedules and		
Name of Authorized Person			Date			
Fred Smith			5/1/2024			
Signature of Authorized Pe	Teo Snith					

MAIL TO:

Division of Business Services

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