

State of Rhode Island

Department of State - Business Services Division

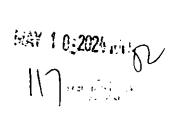
Annual Report for the year: Limited Liability Company

2024

→ 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	2. Exact name of the Limited Liability Company			
001712260	DEXTER REALTY ENTERPRISES LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
53 11/0	Real estate.			
5. State of Formation	7			
RHODE ISLAND				
6. Principal Office Address		City	State	Zip
526 Cole Avenue		Providence	RI	02906
7. Mailing Address of Limited I	iability Company and Name or 1	Title of Contact Person	* 	, · ·
Contact Name		Contact Title		
Susan O'Shea		Manager		
Street Address 526 Cole Avenue		Cily Providence	State RI	^{Zip} 02906
8. The Resident Agent informa	ation currently of record with the	RI Department of State is accur	ate. Changes requir	e filing Form 642
	l declare and affirm that I have ements contained herein are t		ing any accompany	ving schedules and
Name of Authorized Person			Date	
Susan O'Shea, Manager				- 4-24
Signature of Authorized Person	In O			

MAIL TO:

Division of Business Services

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

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