

## State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 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.

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1. Entity ID Number	2. Exact name of the Limited Lia	bility Company	/	1			
1678888	SEC Real E.	state Servic	<u> 65 L</u>				
	4. Brief description of the character of business conducted in Rhode Island						
3. NAICS Code	4. Brief description of the draines						
53/0/8	Real estate	50145					
5. State of Formation				:			
RT				T			
8. Principal Office Address	<u> </u>	City	State	Zip			
20 Rolent A	hue	East Greenvich	KL_	00818			
M// /// AC/ D / I V Company and Name or Title of Contact Person							
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Title							
Contact Name		A d					
STRUPH F.	C00K	MEMOCI		710			
Street Address	Λ .	City 1	State 7	1028/5			
ON PARANT WILL		RAST CIEBALLION		line Form 642			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.							
The state of positive I declare and affirm that I have examined this report, including any assembly							
9. Under penalty of perjury, rectairs and animal terms are true and correct.    statements, and that all statements contained herein are true and correct.							
	,		Date				
Name of Authorized Person 5/10/34							
STEVEN E, COOK							
Signature of Authorized Person							
Steven E. Cook							

**FILED** 

MAY 1 4 2024 11:31

BY YNGRB

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov