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

Annual Report for the year: 2025

-> Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

| REC'D RIDOS BSD<br>'24 MAY 16 PH2:50:1 | ERMP<br>A. |
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| ထိ                                     | •          |

| 1. Entity ID Number   | 2. Exact name of the Limited  | Liability Company                                   |                  | 2                                     |  |
|---|---|---|------------------|---------------------------------------|--|
| 001701591   | PAINFIELD   | LLC   |                  |                                       |  |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |   |                  |                                       |  |
| 531390  | REAL ESTA   | 75  |                  | •                                     |  |
| 5. State of Formation   | 1 KCHI CSTA   | IC  |                  |                                       |  |
| RI  |   |   | •                |                                       |  |
| 6. Principal Office Address                                     |   | City  | State            | Zip                                   |  |
| 353 Shumankan   | IUC HILL RD   | CharlESTOWN   | RI               | 02813                                 |  |
| 7. Mailing Address of Limited Li                                | ability Company and Name or   | Title of Contact Person                             |                  |                                       |  |
| Contact Name  |   | Centact Title                                       |                  |                                       |  |
| Joseph Therou   | Χ   | ,   |                  |                                       |  |
| Steel Address SAME  |   | Chy   | State            | Zip                                   |  |
| 8. The Resident Agent informati                                 | on currently of record with the   | RI Department of State is accurate                  | . Changes requir | e filing Form 642.                    |  |
| 9. Under penalty of perjury, I estatements, and that all states | declare and affirm that I have<br>ments contained herein are t              | examined this report, including<br>rue and correct. | eny accompan     | ring schedules and                    |  |
| Name of Authorized Person                                       |   |   | Date             |                                       |  |
| JOECHA THERAUX  |   |   | 5/16/24          |                                       |  |
| Signature of Authorized Person                                  | 1. Thurs  |   | / /              | · · · · · · · · · · · · · · · · · · · |  |
|   |   | •   |                  |                                       |  |

MAIL TO:

Division of Business Services

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

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