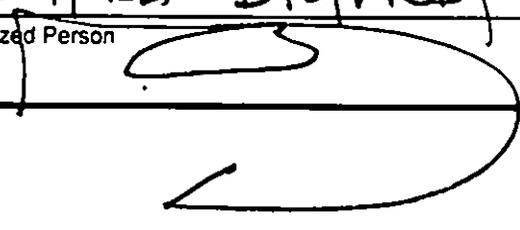




State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
 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.

| | | | |
|---|--|---|--------------------|
| 1. Entity ID Number <u>V727168</u> | | 2. Exact name of the Limited Liability Company <u>LOKSTAL PARTNERS # LLC</u> | |
| 3. NAICS Code <u>53120</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE</u> | |
| 5. State of Formation <u>MA</u> | | | |
| 6. Principal Office Address <u>208 HART ST</u> | | City <u>BEVERLY</u> | State <u>MA</u> |
| Zip <u>01915</u> | | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name <u>MICHAEL DIGVISEPPE</u> | | Contact Title <u>MANAGER</u> | |
| Street Address <u>208 HART ST</u> | | City <u>BEVERLY</u> | State <u>MA</u> |
| Zip <u>01915</u> | | | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | |
| 9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. | | | |
| Name of Authorized Person <u>MICHAEL DIGVISEPPE</u> | | Date <u>5.15.24</u> | |
| Signature of Authorized Person  | | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 MAY 17 2024
 BY SH8m