



State of Rhode Island
Department of State - Business Services Division

MAY 22 2024 STAMP
14804

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.

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|---|--|---|-------------|
| 1. Entity ID Number 001764549 | | 2. Exact name of the Limited Liability Company Swanee LLC | |
| 3. NAICS Code 531110 | | 4. Brief description of the character of business conducted in Rhode Island Real Estate. | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 35 Barbour Drive | | City Providence | State RI |
| Zip 02906 | | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name Senorina Jocelyn DaSylva | | Contact Title Member | |
| Street Address 35 Barbour Drive | | City Providence | State RI |
| Zip 02906 | | | |
| 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 Senorina Jocelyn DaSylva | | Date 04/28/24 | |
| Signature of Authorized Person | | | |

MAIL TO:
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