RI SOS Filing Number: 202454780060 Date: 5/23/2024 10:10:00 AM

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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
001740905	LBM Properties LLC					
3. NAICS Code 53110	Brief description of the character of business conducted in Rhode Island Owning and managing Real Estate					
6. Principal Office Address	·	City	State	Zip		
50 Park row West Suite	111	Providence	RI	02903		
7. Mailing Address of Limited Lia	bility Company and Name or	Title of Contact Person				
Contact Name Yokasta Melo		Contact Title				
Street Address 50 Park row V	Vest Suite 111	City Providence	State RI	^{Zip} 02903		
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 YOKaSta Melo Date 5/22/24			12/24			
Signature of Authorized Person Authorized Person						

MAIL TO:

Division of Businese Services
148 W. River Street, Providence, Rhode Island 02904-2615

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

MAY 23 2024 BY SH DV H AA. ID: ID AM.