



State of Rhode Island
Department of State - Business Services Division

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.

FILED STAMP

MAY 24 2024
BY 2329
FOR THE STATE OF RHODE ISLAND ONLY
OS

1. Entity ID Number 000099099	2. Exact name of the Limited Liability Company Plourde Family Associates, LLC			
3. NAICS Code 541110	4. Brief description of the character of business conducted in Rhode Island Holding, Owning, Buying, Selling, Pledging, or Dealing in all Investment Opportunities.			
5. State of Formation RI				
6. Principal Office Address 23 Tanglewood Drive		City East Providence	State RI	Zip 02915
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Margaret Plourde		Contact Title LLC Member		
Street Address 23 Tanglewood Drive		City East Providence	State RI	Zip 02915
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. <i>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.</i>				
Name of Authorized Person Margaret Plourde			Date ✓ 5-22-24	
Signature of Authorized Person <i>✓ Margaret Plourde</i>				

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