

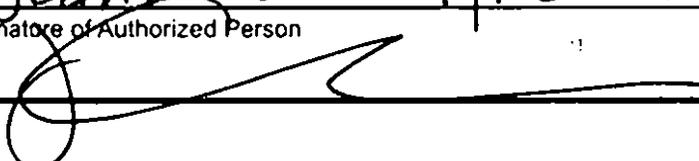


State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 JUN 27 PM 3:35:22

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 001719080		2. Exact name of the Limited Liability Company Maureen & Andrie Enterprises, LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island Short term rental for medical professional & others provides affordable housing.			
5. State of Formation RI					
6. Principal Office Address 555 North Main St		City PROV	State RI	Zip 02904	
		suite 1028			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Jeanne Jean Tichel			Contact Title property manager		
Street Address 555 North Main St		City PROV	State RI	Zip 02904	
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 Jeanne Jean Tichel				Date 6/27/2024	
Signature of Authorized Person 					

FILED 337
JUN 27 2024
BY AQ5A3

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