	State of Rhode	Island Fee: \$50.
	Office of the Secret	
	Division Of Busines	ss Services
	148 W. River S	
1636	Providence RI 029 (401) 222-30	
Limited Partnership Annual Report		
Filing Period: February 1	' - May 1	
In accordance with R.I.G	.L. 7-13.1-212(e), each partnershi	p failing or refusing to
file its annual report within thirty (30) days after the time prescribed by law		
(R.I.G.L. 7-13-212(c&d)) is subject to a penalty fee of \$25.00.		
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024		
1. ID No. <u>000092346</u>		
2. Exact Name of the Partnership <u>MACERA/TOWER FAMILY LIMITED PARTNERSHIP</u>		
3. State of Formation		
State: <u>RI</u>		
NAICS CODE		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
<u>531390</u>		
4. Brief Description of Island	the Character of the Business Wh	nich is Actually Conducted in Rhode
HOLD, RENT AND SELL REAL ESTATE AND ANY OTHER PERMITTED PURPOSE.		
5. Principal Office Add	ress	
No. and Street: 6842 NORTH WEST 63RD WAY		
City or Town: PAR	<u>KLAND</u>	State: <u>FL</u> Zip: <u>33067</u> Country: <u>USA</u>
6. The name and business address of each general partner is: An amendment is required to record a change in general partner(s) - use Form 301 (domestic) or Form 351 (Foreign)		
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PARTNER	GERALD MACERA	6842 NORTH WEST 63RD WAY PARKLAND, FL 33067 USA

7. This report must be executed by a General Partner or by an Authorized Representative pursuant to R.I.G.L. 7-13.1-203.

Signed this 15 Day of July, 2024 at 1:06:45 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-13.1*

By <u>FRANK SCIACCA ESQ.</u> Signature of Authorized Person

Form No. 643 Revised 10/23

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