

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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
000087365	GILES PLACE LIC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
53110 5. State of Formation	ROAL ESTATE				
R I					
6. Principal Office Address		City	State	Zip	
42 PINE TRFE LANE		W. GReenwich	PI	02817	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
ALFRED CRISTAFARO		MEMber			
Street Address		City	State	Zip	
42 Pine Tree	LAne	W. Greenwich	P.F	02817	
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			Date / /		
WILLIAM J. DELANUX			7/15/2024		
Signature of Authorized Person					
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MAIL TO:

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

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