State of Rhode I				
Annual Report for the ye Limited Liability Compar > Filing period: Februar	by	es Division	·	REÇD RIDOS (18 6/2:
→ Filing Fee: \$50.00 → Penalty: Additional \$2	5.00 fee If form is not filed by May	31.		85) 27:58
1. Entity ID Number	2. Exact name of the Limited L	lability Company		
619120	RASSMAR	LLC		
3. NAICS Code 531190	4. Brief description of the chan	acter of business conducted	In Rhode Island	
5. State of Formation	REALESTA	1 te	•	
6. Principal Office Address 968 4+0	wells Ave	PROVIDER	State UCG C	D 290
7. Melling Address of Limite	Liability Company and Name or Tit	is of Contact Person		<u> </u>
Certact Name May 1+2a	Parada	Contact Title	·	
968 Atwalls Atle		RROUDER	xc Pt	0290
8. The Resident Agent Inform	nation currently of record with the Ri	Department of State is accu	rrate. Changes regula	filing Form 642.
9. Under penalty of perjury statements, and that all st	r, I declare and affirm that I have e atements contained herein are tru	xamined this report, incluse and correct.	fing any accompany	ing schedults en

FILED

JUL 1 8 2024 BY Zd9144 228 Kg

MAIL TO:

Division of Business Services

Name of Authorized Person

Signature of Authorized Person

148 W. River Street, Providence, Rhode Island 02904-2615

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