

**state of Rhodiling Nu**mber: 202458441570 Date: 7/30/2024 4:00:00 PM

**Department of State - Business Services Division** 

Annual Report for the year:
Limited Liability Company

2024

→ 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 No1	3. Exact name of the Limited Lia	PSINT RE	plity		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
5 3 112 0 5. State of Formation	REALESTATE MANDAGENENT				
R#			Cam.	p Any	
6. Principal Office Address	1 - 0	City	State	Zip	
2 FOX TAIL	IDR	DHUSPU	RI	02919	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name  ANTHONY  L	FERMITI OR CONTACT CHUNES				
Street Address  2 FOX 17ALL DR		CITY DIMSKN	State	zip 2919	
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 2-30	) <del>-2024</del>	
Signature of Authorized Person					
<del></del>					

JUL 30 2024
BY\_CXCUB

MAIL TO:

**Division of Business Services** 

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

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