

State of Rhode Island **Department of State - Business Services Division**

FILED AUG n 1 2024

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			
01757705	CAPE HAZE COTTAGE, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island TO OWN AND RENT REAL ESTATE			
531110				
5. State of Formation	1			
RI				
6. Principal Office Address		City	State	Zip
15 KARDWAY STREET		WAKEFIELD	RI	02879
7. Mailing Address of Limited Lia	ability Company and Name or Titl	e of Contact Person		
Contact Name NICHOLE NOMER		Contact Title		
Street Address 15 KARDWAY STREET		City WAKEFIELD	State RI	^{Zip} 02879
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
	leclare and affirm that I have ex nents contained herein are true		g any accompany	ing schedules and
Name of Authorized Person			Date	
NICHOLE NOMER			7/25/2024	
Signature of Authorized Person	-			

MAIL TO:

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