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Annual Report for the year: $\frac{2024}{}$ **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.

1. Entity ID Number	2. Exact name of the Limite	2. Exact name of the Limited Liability Company			
000145477	RBAIRD, LLC	RBAIRD, LLC			
3. NAICS Code 531120	· ·	Brief description of the character of business conducted in Rhode Island REAL ESTATE INVESTMENT AND HOLDINGS			
5. State of Formation RHODE ISLAND					
6. Principal Office Address	<u> </u>	City	State	Zip	
32 WHIPSTICK ROAD		RIDGEFIELD	CT	06877	
7. Mailing Address of Limit	ed Liability Company and Name or	Title of Contact Person	<u> </u>		
Contact Name RUSSEL J. BAIRD		Contact Title MANAGER			
Street Address 32 WHIPSTICK ROAD		City RIDGEFIELD	State CT	Zip 06877	
8. The Resident Agent info	rmation currently of record with the	RI Department of State is accur	ate. Changes requir	e filing Form 642.	
	I declare and affirm that I have e tatements contained herein are		any accompanyin	g schedules and	
Name of Authorized Person		•	Date		
RUSSELL J. BAIRD			3/25/2024		
Signature of Authorized Pe	Jour				

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BY 12308

MAIL TO:

Division of Business Services

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

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