

State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
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 001670365		2. Exact name of the Limited Liability Company TROY CITY MORTGAGE LLC	
3. NAICS Code 522310		4. Brief description of the character of business conducted in Rhode Island WE ARE A MORTGAGE BROKERAGE BUSINESS.	
5. State of Formation MASSACHUSETTS			
6. Principal Office Address 1777 PLEASANT ST.		City FAIR RIVER	State MA
		Zip 02723	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name David Pereira		Contact Title PRESIDENT	
Street Address 1777 PLEASANT ST.		City FAIR RIVER	State MA
		Zip 02723	
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 David Pereira			Date 9-5-2024
Signature of Authorized Person <i>David Pereira</i>			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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BY *[Signature]*