



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 SEP 10 AM 10:42:26

Annual Report for the year: 2024 Amended  
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<br><u>001691851</u>   |  | 2. Exact name of the Limited Liability Company<br><u>Trout Dreams LLC</u>  |                    |
| 3. NAICS Code<br><u>S31110</u>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Real estate and rental leasing</u> |                    |
| 5. State of Formation<br><u>NH</u>  |  |  |                    |
| 6. Principal Office Address<br><u>111 Saranac Street</u>  |  | City<br><u>Littleton</u>   | State<br><u>NH</u> |
| Zip<br><u>03561</u>   |  |  |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |                    |
| Contact Name<br><u>Eli Schwartz</u>   |  | Contact Title<br><u>Manager</u>  |                    |
| Street Address<br><u>PO Box 302067</u>  |  | City<br><u>Tamara Plain</u>  | State<br><u>MA</u> |
| Zip<br><u>02130</u>   |  |  |                    |
| 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<br><u>Eli Schwartz, Manager</u>   |  | Date<br><u>9/10/24</u>   |                    |
| Signature of Authorized Person<br><u>Eli Schwartz, manager</u>  |  |  |                    |

FILED

SEP 10 2024

BY

KJ

MAIL TO:  
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