



State of Rhode Island
Department of State - Business Services Division

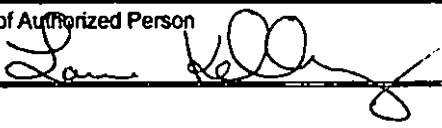
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Annual Report for the year: 2025
Limited Liability Company

→ 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 001722987		2. Exact name of the Limited Liability Company NARRAGANSETT CASINO, LLC	
3. NAICS Code 713120		4. Brief description of the character of business conducted in Rhode Island Place of amusement and entertainment	
5. State of Formation RI			
6. Principal Office Address 11 Pier Market Place		City Narragansett	State RI
		Zip 02882	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Laurie Kelly		Contact Title Member	
Street Address 25 Wildfield Farm Rd		City Narragansett	State RI
		Zip 02882	
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 Laurie Kelly		Date 10/02/2024	
Signature of Authorized Person 			

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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