

State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS 85D 14 OCT 8 PM1:05:56

Annual Report for the year: 2027
Limited Liability Company

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 5. State of Formation	Brief description of the character of business conducted in Rhode Island  Place of amusement and entertainment			
RI			To: .	T
6. Principal Office Address		City	State	Zip
11 Pier Market Place		Narragansett	RI	02882
7. Mailing Address of Limited I	lability Company and Name or	Trille of Contact Person		
Contact Name Laurie Kelly		Contact Tille Member		
Street Address 25 Wildfield Farm Rd		City Narragansett	State RI	<sup>Zip</sup> 02882
8. The Resident Agent informa	ition currently of record with the	RI Department of State is accurate	ie. Changes requin	e filing Form 642.
	l declare and effirm that I hav ements contained herein are	e examined this report, including true and correct.	g any accompany	ing schedules and
Name of Authorized Person ·			Date	
Laurie Kelly			10/02/2024	
Signature of Authorized Perso	100			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

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BY QYIKE

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