RI SOS Filing Number: 202460493510 Date: 10/7/2024 11:24:00 AM

| State of Rhode Island Department of State - Business Services Division  | REC'D RII              |
|---|------------------------|
| Annual Report for the year: 2024 Limited Liability Company  | RIDOS 89<br>7 am 11:29 |
| → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. | 8SD<br>:23:39          |

| 1. Entity ID Number   | 2. Exact name of the Limited Lia  | bility Company | <del></del> | ,     |  |
|---|---|----------------|-------------|-------|--|
| 001695653   | Hiciano Real  | ty. LLC        |             |       |  |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |                |             |       |  |
| 531210  | Real Estate Investment  |                |             |       |  |
| 5. State of Formation   |   |                |             |       |  |
| RI  |   |                |             |       |  |
| 6. Principal Office Address   |   | City           | State       | Zip   |  |
| 45 Lauren Ca  | x+  | Cranston       | RI          | 15850 |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |                |             |       |  |
| Contact Name  | Contact Title   |                |             |       |  |
| Maria Hicia   | ino   | owner / CEO    |             |       |  |
| Street Address  |   | City           | State       | Zip   |  |
| 65 Lauren a   | <u>n+</u>   | Cranstun       | 21          | 02921 |  |
| 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   | <u>_</u>  |                | Date        |       |  |
| maria Hr  | ciano   |                | 9-50        | -24   |  |
| Signature of Authorized Person  |   |                |             |       |  |
| The Jacon John  |   |                |             |       |  |
|   | / /   |                | ···         |       |  |

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MAIL TO:

**Division of Business Services** 

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

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