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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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4. Estivato Number	2 Evact name of the Lim	ited Liability Company			
1. Entity ID Number		2. Exact name of the Limited Liability Company			
00298684	LME, LLC	LME, LLC			
3. NAICS Code		Brief description of the character of business conducted in Rhode Island			
531190	Lessors of Other R	Real Estate property.			
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
27 Woodward Rd, L		100 Lincoln		02865	
7. Mailing Address of Limite	ed Liability Company and Name	or Title of Contact Person			
Contact Name James Buratti		Contact Title	Contact Title Manager		
Street Address 27 Woodward Rd, Lot 100		City Lincoln	State RI	^{Zip} 02865	
9. The Resident Agent info	rmation currently of record with	the RI Department of State is acc	curate. Changes requi	re filing Form 642.	
9 Under penalty of periu	ry, I declare and affirm that I i statements contained herein a	nave examined this report, inclu	iding any accompan	ying schedules and	
Name of Authorized Person		Date	Date		
Joel Landry II, Esq.			10/28/2024		
Signature of Authorized Pe	erson				

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

OCT 29 2024

BY 57EKZ AA. 4:01 pm.