RI SOS Filing Number: 202461858020 Date: 12/27/2024 12:39:00 PM



State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2024 **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.

2824 DEC 27 PM 12: 38

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
|---|--|-----------------------|----------|----------------------|--|
| 000899190 | Beacon LLC | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | |
| 711211 | BOAT & HOUSE MANAGEMENT | | | | |
| 5. State of Formation |] | | | | |
| Rhode Island | } | | | | |
| 6. Principal Office Address | <u> </u> | City | State | Zip | |
| 4 Highland Place | | Newport | Ri | 02840 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Brian Cunha | | Contect Title Member | | | |
| Street Address 311 Pine St | | City Fall River | State MA | ^{Zip} 02720 | |
| 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 | | | Date | Date | |
| Brian Cunha | | | 12/23/24 | 12/23/24 | |
| Signature of Authorized Person | | | | | |
| Bu Cate | | | | | |

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 1239

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BY IDSK9

FORM 632 - Revised: 12/2023