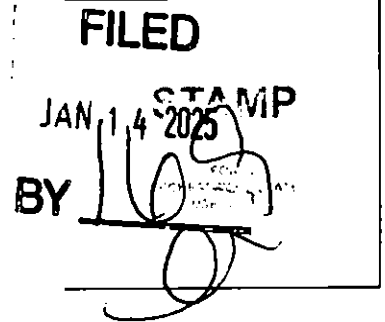




State of Rhode Island  
Department of State - Business Services Division



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<br><b>000139564</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>Copper Beech Realty, LLC</b>                                   |                          |
| 3. NAICS Code<br><b>531120</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Rental House in Providence RI</b> |                          |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                      |  |                                                                                                                     |                          |
| 6. Principal Office Address<br><b>23 Hillcrest Road</b>                                                                                                                                                 |  | City<br><b>Wakefield</b>                                                                                            | State<br><b>RI</b>       |
|                                                                                                                                                                                                         |  | Zip<br><b>02879</b>                                                                                                 |                          |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                     |                          |
| Contact Name<br><b>Susan Meehan</b>                                                                                                                                                                     |  | Contact Title<br><b>Member</b>                                                                                      |                          |
| Street Address<br><b>23 Hillcrest Road</b>                                                                                                                                                              |  | City<br><b>Wakefield</b>                                                                                            | State<br><b>RI</b>       |
|                                                                                                                                                                                                         |  | Zip<br><b>02879</b>                                                                                                 |                          |
| 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<br><b>Susan M. Meehan</b>                                                                                                                                                     |  |                                                                                                                     | Date<br><b>1/10/2025</b> |
| Signature of Authorized Person<br><b>Susan M. Meehan</b>                                                                                                                                                |  |                                                                                                                     |                          |

## MAIL TO:

## Division of Business Services

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

Phone: (401) 222-3040

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