RI SOS Filing Number: 202562798360 Date: 1/17/2025 4:00:00 PM



State of Rhode Island

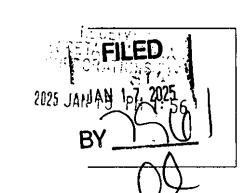
Department of State - Business Services Division

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.



| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
|--|--|---|----------------------|----------------------|--|
| 001763663 | Rebel Redoubt, LLC | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | |
| 531311 | | Facilitate management of the real property located at 485 A+B West Beach Road, Charlestown, RI 02813, including without limitation, the maintenance, renovation, rental and other use of such property.———————————————————————————————————— | | | |
| 5. State of Formation | | | | | |
| Rhode Island | renovation, rental-a | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 485 A+B West Beach Road | | Charlestown | RI | 02813 | |
| 7. Mailing Address of Limit | ed Liability Company and Name of | or Title of Contact Person | · | I | |
| Contact Name Marilyn Rettig | | Contact Title Member/Manager | | | |
| Street Address 485 A+B West Beach Road | | City Charlestown | State RI | ^{Zip} 02813 | |
| 8. The Resident Agent info | rmation currently of record with th | e RI Department of State is accura | ite. Changes require | e filing Form 642. | |
| | ry, I declare and affirm that I ha statements contained herein are | ve examined this report, includir true and correct. | ig any accompany | ring schedules and | |
| Name of Authorized Person | | | Date | | |
| Marilyn Rettig | | | 1/14/25 | | |
| Signature of Authorized Per New Years | | | | | |

Division of Business Services

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

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