RI SOS Filing Number: 202562968240 Date: 1/21/2025 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

FILED

JAN 27720251P

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 001773494 | Exact name of the Limit 79 Fountain, LLC | Exact name of the Limited Liability Company Fountain, LLC | | | | |
|---|--|---|---------------------|--------------------|--|--|
| 3. NAICS Code 531311 | 4. Brief description of the Manage Real Estate | Brief description of the character of business conducted in Rhode Island Manage Real Estate | | | | |
| 5. State of Formation Rhode Island | | | | | | |
| 6. Principal Office Address | | City | State | Zıp | | |
| 167 High Street | | Westerly | RI | 02891 | | |
| 7. Mailing Address of Limite | d Liability Company and Name | | <u>_</u> | <u> </u> | | |
| Contact Name William A. Nardone | | Contact Title Agent | | | | |
| Street Address 42 Granite Street | | City Westerly | State RI | Zip 02891 | | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | | |
| | l declare and affirm that I have atements contained herein ar | | ing any accompanyin | g schedules and | | |
| Name of Authorized Person DINO F. IRDINS EN | | | Date /// 3 | Date /// 2 /20 2 5 | | |
| Signature of Authorized Per | son 12014 SCNi | | | | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence. Rhode Island 02904-2615

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