

State of Rhode Island

Department of State - Business Services Division

FIELD

JAN 27 2025

BY 103

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 Lin	shiliby Company		
	2. Exact name of the Limited Liability Company			
00/78/018	Lily Orchard LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
53/1/0	Rental property			
5. State of Formation	1	U		
RI				
6. Principal Office Address		City	State	Zip
181 Relidere Blod		North Frondence	RI	02911
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Holly B Lazieh		Contact Title		
Street Address Blod Blod		Worth Prilence	State	Zip 82-911
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 10/14 B Lazieh		Date 1-17-25		
Signature of Authorized Person Ally (3 Than				

MAIL TO:

Division of Business Services

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

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