

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.

FILED !	
JAN 2 9 2025	
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1. Entity ID Number	2. Exact name of the Limited Liability Company					
001700152	WHOMOON PROPORTIES, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531110	NESTDENTAL NEAL ESTATE NENTAL					
5. State of Formation						
L RI	_					
6. Principal Office Address		City	State	Zip		
56 Jul S	MEST	WESTERRY	NZ	02091		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name	Contact Name Contact Title					
LISA Peru	ANO	PHESIDENT/SOLE MAMBER				
Street Address		City	State	Zip		
Se EUSM	LET .	METERNY	1 Vie	04991		
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			
LISA FERMAND			1127/2025			
Signature of Authorized Person						
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MAIL TO:

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