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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	
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JAN 3 1 2025 BY	Ą

1. Entity ID Number	2. Exact name of the Limited Liability Company					
1668109	Vector Property Management, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island D. I.P. A.					
531311	Real Estate					
5. State of Formation						
Rhode Island						
6. Principal Office Address		City	State	Zip		
17 Marion Street		East Greenwich	RI	02818		
7. Mailing Address of Limited	Liability Company and Nam	e or Title of Contact Person				
Contact Name Sophia G. O'Donnell		Contact Title Operating Manager				
Street Address 17 Marion Street		City East Greenwich	State RI	Z _{IP} 02818		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
Under penalty of perjury, I statements, and that all sta		ve examined this report, including are true and correct.	any accompanyin	g schedules and		
Name of Authorized Person			Date			
Sophia G. O'Donnell			1/28/2025			
Signature of Authorized Pers	m.					

MAIL TO:

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

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