State of Rhode Island Fee: \$50.00 Office of the Secretary of State
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040
imited Liability Company Annual Report iiling Period: February 1 - May 1
n accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or efusing to file its annual report within thirty (30) days after the time prescribed by aw (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025 : <u>2025</u>
1. ID No. <u>001684047</u>
2. Exact Name of the Limited Liability Company <u>MILASH PRO, LLC</u>
3. State of Formation
State: <u>RI</u>
NAICS CODE
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>531311</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island
REAL ESTATE
5. Principal Office Address
No. and Street:3 PRIMROSE DRIVECity or Town:SMITHFIELDSMITHFIELDState: RIZip: 02917Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
Contact Name: <u>MICHAEL COSTA</u> Contact Title: No. and Street: <u>3 PRIMROSE DRIVE</u> City or Town: <u>SMITHFIELD</u> State: <u>RI</u> Zip: <u>02917</u> Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 <u>MICHAEL COSTA 3 PRIMROSE DRIVE SMITHFIELD</u> , <u>RI 02917</u>
, <u></u> , <u></u> , <u></u> , <u></u> , <u></u> _, <u></u> , <u>_</u> , <u></u>

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 2 Day of February, 2025 at 4:34:26 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>MICHAEL COSTA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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