

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.

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FEB 0 3 2025

1. Entity ID Number	2. Exact name of the Limited Lial	bility Company			
001242729	DAVID LYNN LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531390	TREAL ESTATE HOLDING COMPANY				
5. State of Formation	AND OTHE	ER ACTIVI	TIES	RSLATEI	
R.I.	TO REAL	ESTATE			
6. Principal Office Address		City	State	Zip	
23 LARKST	UR ROAD	WARWICK	R.I.	02886	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
BRLICE	STEIN	MEMB.	EX_		
Street Address 23 LARK S	PUR ROAD	WARWICK	State	02886	
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 The State Manner Date 1/2025					
Signature of Authorized Person					

MAIL TO:

Division of Business Services

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

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