

## Department of State - Business Services Division

2025 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.

| 2025 FEB -3 PM 12 | PELEIVED A PROPERTY OF THE PRO |
|-------------------|--|
| <del>- 151</del>  |  |
|                   |  |
|                   |  |
| $\alpha$          |  |

|   |   |  |                                       | ω                    |  |  |
|---|---|--|---------------------------------------|----------------------|--|--|
| 1. Entity ID Number<br>001702446                  |   | 2. Exact name of the Limited Liability Company Aunt Dottie's House, LLC.   |                                       |                      |  |  |
| 3. NAICS Code<br>531110                           | Manage shared family  | Brief description of the character of business conducted in Rhode Island     Manage shared family property, including potential rental of that residential property. |                                       |                      |  |  |
| 5. State of Formation<br>Rhode Island             | property.   |  |                                       |                      |  |  |
| 6. Principal Office Address<br>72 Chestnut Avenue |   | City<br>Narragansett   | State<br>RI                           | Zip<br>02882         |  |  |
| 7. Mailing Address of Limite                      | d Liability Company and Name or T                                       | ītle of Contact Person   | · · · · · · · · · · · · · · · · · · · |                      |  |  |
| Contact Name David Simpson                        |   | Contact Title Member   |                                       |                      |  |  |
| Street Address 3 Valerie St                       |   | <sup>City</sup> Waterford  | StateCT                               | <sup>Zip</sup> 06385 |  |  |
| 8. The Resident Agent infon                       | mation currently of record with the I                                   | RI Department of State is accu   | rate. Changes requir                  | e filing Form 642.   |  |  |
|   | y, I declare and affirm that I have<br>atements contained herein are tr |  | ling any accompany                    | ring schedules and   |  |  |
| Name of Authorized Person David Simpson           |   |  | Date<br>Feb1, 2025                    |                      |  |  |
| Signature of Authorized Per                       | 500   |  |                                       |                      |  |  |

MAIL TO:

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

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

FEB 4 2025