

State of Phode Island

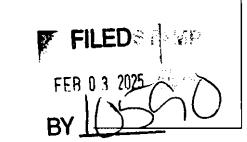
Department of State - Business Services Division

Annual Report for the year: 2025
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.



1. Entity ID Number 907968	2. Exact name of the Limito Teamwork, LLC	2. Exact name of the Limited Liability Company Teamwork, LLC 4. Brief description of the character of business conducted in Rhode Island Own and manage real estate			
3. NAICS Code 531311					
5. State of Formation Rhode Island					
6. Principal Office Address		City	State	Zip	
40 Meadow Road		Seekonk	MA	02771	
7. Mailing Address of Limit	ed Liability Company and Name or	r Title of Contact Person	I		
Contact Name George E. Murphy, III		Cortact Tille Operating Manager			
Street Address 40 Meadow Road		City Seekonk	State MA	Z ₁ p 02771	
8. The Resident Agent info	rmation currently of record with the	RI Department of State is acc	curate. Changes require	e filing Form 642.	
Under penalty of perjury, statements, and that all s	I declare and affirm that I have statements contained herein are	examined this report, includ true and correct.	ing any accompanyin	g schedules and	
Name of Authorized Person			Date		
George E. Murphy, III			1272025		
Signature of Authorized Pe	rson MM		•		

MAIL TO:

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

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