Annual Report for the year:	2025	vices Division	FILED	STAME
.imited Liability Company  → Filing period: February 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00	fee if form is not filed by May 31.			
1. Entity ID Number 000419610	2. Exact name of the Limit	ed Liability Company	95	
3. NAICS Code 531390	4. Brief description of the C Real Estate Investr		ucted in Rhode Island	<u></u>
5. State of Formation				
RI				
6. Principal Office Address		City Austin	State TX	Zip 78731
6. Principal Office Address 6803 Ladera Norte	bility Company and Name o	Austin	T	1 '
RI 6. Principal Office Address 6803 Ladera Norte 7. Mailing Address of Limited Lia Contact Name Keith W. Swal		Austin	TX	1 '

9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

MAIL TO:

Division of Business Services

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

statements, and that all statements contained herein are true and correct.

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

Name of Authorized Person Keith W. Swaby

Signature of Authorized Persop

Date