

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 202

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED v 3 2025

FEB 03 AX BY 3054

Entity ID Number	2. Exact name of the Limited Liability Company				
000614159	St P Proporties CCC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531110					
5. State of Formation	Real Estate				
RI					
6. Principal Office Address		City	State	Zip	
12 Sophin Lane		GREENVIlle	RE	92820	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Stoven MATORISI		Mensu.			
Street Address		City	State	Zip	
12 Sophia Lan		Gaussille	NI	02828	
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			Date	Date	
Steven Majoris.			2.1-25		
Signature of Authorized Person					

Division of Business Services

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

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