



State of Rhode Island

## Department of State - Business Services Division

FILED

FEB 03 2025

BY 2577

AA

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<br>001710318                                                                                                                                                                            | 2. Exact name of the Limited Liability Company<br>781 LAKESIDE, LLC                               |                      |              |
| 3. NAICS Code<br>531311                                                                                                                                                                                     | 4. Brief description of the character of business conducted in Rhode Island<br>manage real estate |                      |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                       |                                                                                                   |                      |              |
| 6. Principal Office Address<br>781 Lakeside Drive                                                                                                                                                           | City<br>Block Island                                                                              | State<br>RI          | Zip<br>02807 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                                                                                                   |                      |              |
| Contact Name<br>Anna G. Pearce                                                                                                                                                                              | Contact Title<br>Member                                                                           |                      |              |
| Street Address<br>113 Pattrell Road                                                                                                                                                                         | City<br>Norwich                                                                                   | State<br>VT          | Zip<br>05055 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |                                                                                                   |                      |              |
| <i>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.</i> |                                                                                                   |                      |              |
| Name of Authorized Person<br>Anna G Pearce                                                                                                                                                                  |                                                                                                   | Date<br>Jan 26, 2025 |              |
| Signature of Authorized Person<br><i>Anna G Pearce</i>                                                                                                                                                      |                                                                                                   |                      |              |

## MAIL TO:

## Division of Business Services

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