



State of Rhode Island  
Department of State - Business Services Division

FILED TAMP

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.

FEB 03 2025 FOR STATE

BY

|                                                                                                                                                                                                         |                                                                                                   |                  |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------|--------------------------|
| 1. Entity ID Number<br>116345                                                                                                                                                                           | 2. Exact name of the Limited Liability Company<br>Forum Properties, LLC                           |                  |                          |
| 3. NAICS Code<br>493110                                                                                                                                                                                 | 4. Brief description of the character of business conducted in Rhode Island<br>Self storage units |                  |                          |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                   |                                                                                                   |                  |                          |
| 6. Principal Office Address<br>1074 Plainfield Street                                                                                                                                                   | City<br>Johnston                                                                                  | State<br>RI      | Zip<br>02919             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |                                                                                                   |                  |                          |
| Contact Name<br>Justin Parrillo                                                                                                                                                                         |                                                                                                   | Contact Title    |                          |
| Street Address<br>1074 Plainfield St                                                                                                                                                                    |                                                                                                   | City<br>Johnston | State<br>RI Zip<br>02919 |
| 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<br>Justin A Parrillo                                                                                                                                                          |                                                                                                   | Date<br>1-22-25  |                          |
| Signature of Authorized Person<br>                                                                                                                                                                      |                                                                                                   |                  |                          |

MAIL TO:

Division of Business Services

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