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State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: Partnership (LP, LLP, LLLP)

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31

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| 1. Entity ID Number | 2. Exact Name of the | | | | | |
|---|--|---------------|---------------------------------------|-----------------------------|--------------------|--------------------|
| 1768218 | The | Nat | ale F | Anily | LLP | |
| 3. NAICS Code | 4. Brief description o | f the charac | ter of business | s conducted in I | Rhode Island | |
| 53 1120 | | | | , / | , , , , , | |
| 5 State of Formation | 80 |) A./ | esta | Le h | slding- | S |
| RI | , (| W (| - , · | | / | |
| 6. Principal Office Address | | | City | | State | Zip |
| 64 Observator | y Ave | | No | PRV | RI | 029119 |
| 7. The name and business addr LP and LLLP only: an amendment i. | ess of each general passes of each general pa | artner or on | e or more partieral partner(s) - c | ner(s): use Form 301 (do | mestic) or Form 35 | 51 (foreign). |
| PARTNER | | SINESS ADI | • | • | | . <u>.</u> . |
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| Anthony No | tale | ۲, ک | Ane | | <u>.</u> | |
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| O Hadanas (C. C. C | | | | | | |
| Under penalty of perjury, I deal and correct. | ciare and affirm that I i | nave exami | ned this report, | , and that all sta | atements contain | ed herein are true |
| Name of General Partner or A | uthorized Representa | ative | | | Date | |
| Anthony Signature of General Partner of | Natale | | · · · · · · · · · · · · · · · · · · · | | 2/11 | 125 |
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| MAIL TO: Division of Business Services | | | | | | |
| 148 W. River Street, Providence, R Phone: (401) 222-3040 | hode Island 02904-261 | 5 | | | | |
| Website: www.sos.ri.gov | | | | I | | [|