|   |   | of Rhode Islan<br>e Secretary of |                   | Fee: \$50.00        |
|---|---|----------------------------------|-------------------|---------------------|
|   | Division (  | Of Business Serv                 | vices             |                     |
|   | 148 1   | W. River Street                  |                   |                     |
|   | Provider  | nce RI 02904-26                  | 15                |                     |
| 1636  | (40   | 01) 222-3040                     |                   |                     |
| Limited Liability Company<br>Annual Report<br>Filing Period: February 1 - May 1   |   |                                  |                   |                     |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. |   |                                  |                   |                     |
| ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025  |   |                                  |                   |                     |
| 1. ID No. <u>000113914</u>  |   |                                  |                   |                     |
| 2. Exact Name of the Limited Liability Company <u>SHARPE BUILDING ASSOCIATES, LLC</u>   |   |                                  |                   |                     |
| 3. State of Formation   |   |                                  |                   |                     |
| State: <u>RI</u>  |   |                                  |                   |                     |
| NAICS CODE  |   |                                  |                   |                     |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.  |   |                                  |                   |                     |
| <u>531110</u>   |   |                                  |                   |                     |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode<br>Island  |   |                                  |                   |                     |
| REAL ESTATE   |   |                                  |                   |                     |
| 5. Principal Offic  | e Address   |                                  |                   |                     |
| No. and Street:   | 235 PROMENADE ST  |                                  |                   |                     |
| City or Town:   | <u>STE#100</u><br><u>PROVIDENCE</u>                     | State: <u>RI</u>                 | Zip: <u>02908</u> | Country: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:  |   |                                  |                   |                     |
| Contact Name:<br>No. and Street:  | THOMAS GUERRA Contact Ti<br>235 PROMENADE ST<br>STE#100 | tle:                             |                   |                     |
| City or Town:   | PROVIDENCE  | State: <u>RI</u>                 | Zip: <u>02908</u> | Country: <u>USA</u> |
| No. and Street:   | 235 PROMENADE ST<br>STE#100                             |                                  | Zip: <u>02908</u> | Country: <u>USA</u> |

## 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

HASLAW, INC. HINCKLEY, ALLEN & SNYDER LLP <u>50 KENNEDY PLAZA, SUITE 1500</u> PROVIDENCE , <u>RI 02903</u>

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 6 Day of February, 2025 at 1:54:06 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By THOMAS GUERRA

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2025 State of Rhode Island All Rights Reserved