



State of Rhode Island

Department of State - Business Services Division

REC'D RIDES BSD  
25 FEB 5 AM 11:54:16  
MP

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>1680293                                                                                                                                                                              | 2. Exact name of the Limited Liability Company<br>SISCO, LLC                                                              |                |              |
| 3. NAICS Code<br>531110                                                                                                                                                                                     | 4. Brief description of the character of business conducted in Rhode Island<br>Real estate and any other lawful business. |                |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                       |                                                                                                                           |                |              |
| 6. Principal Office Address<br>164 Rangeley Road                                                                                                                                                            | City<br>Cranston                                                                                                          | State<br>RI    | Zip<br>02920 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                                                                                                                           |                |              |
| Contact Name<br>Carole M. Scaria                                                                                                                                                                            | Contact Title<br>Member                                                                                                   |                |              |
| Street Address<br>164 Rangeley Road                                                                                                                                                                         | City<br>Cranston                                                                                                          | State<br>RI    | Zip<br>02920 |
| 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>Carole M. Scaria                                                                                                                                                               |                                                                                                                           | Date<br>2/5/25 |              |
| Signature of Authorized Person<br><i>Carole M. Scaria</i>                                                                                                                                                   |                                                                                                                           |                |              |

## MAIL TO:

Division of Business Services

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