



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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

2025 FEB 5 PM 12:35

1. Entity ID Number <u>001671609</u>		2. Exact name of the Limited Liability Company <u>Southmayd, LLC</u>	
3. NAICS Code <u>53</u>		4. Brief description of the character of business conducted in Rhode Island <u>Own: Rent a 4 Unit Condominium Complex in Newport RI</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>1004 Boston Neck Rd Ste 6 Narragansett</u>		City <u>Narragansett</u>	State <u>RI</u>
		Zip <u>02882</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Tom Santilli</u>		Contact Title <u>member</u>	
Street Address <u>1004 Boston Neck Rd Ste 6 Narragansett</u>		City <u>Narragansett</u>	State <u>RI</u>
		Zip <u>02882</u>	
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 <u>Thomas A Santilli</u>		Date <u>1/29/25</u>	
Signature of Authorized Person <u>[Signature]</u>			

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

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