



State of Rhode Island  
Department of State - Business Services Division

**FILED**  
FEB 10 2025  
BY *[Signature]*

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>000161750  |  | 2. Exact name of the Limited Liability Company<br>1079 Aquidneck Ave LLC                   |             |
| 3. NAICS Code<br>531390   |  | 4. Brief description of the character of business conducted in Rhode Island<br>Real Estate |             |
| 5. State of Formation<br>RI   |  |  |             |
| 6. Principal Office Address<br>1079 Aquidneck Avenue  |  | City<br>Middletown   | State<br>RI |
| Zip<br>02842  |  |  |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |             |
| Contact Name<br>Kathryn Ryan  |  | Contact Title<br>Member  |             |
| Street Address<br>1079 Aquidneck Ave  |  | City<br>Middletown   | State<br>RI |
| Zip<br>02842  |  |  |             |
| 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><i>KATHRYN A RYAN</i>  |  | Date<br><i>2/5/25</i>  |             |
| Signature of Authorized Person<br><i>[Signature]</i>  |  |  |             |

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)