

## State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: **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

2. Exact name of the Limited Liability Company			
Forty-Five Pojac, LLC			
4. Brief description of the chara Real Estate	acter of business conducted i	n Rhode Island	
•	City	State	Zip
	Providence	RI	02903
bility Company and Name or Tit	le of Contact Person		· · · · · · · · · · · · · · · · · · ·
r Operating Manager			
treet	Providence	State	<sup>Zip</sup> 02903
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.			
		Date	
		2/6/2	25
	Forty-Five Pojac, LL  4. Brief description of the chara Real Estate  bility Company and Name or Tit  treet  in currently of record with the RI eclare and affirm that I have e	Forty-Five Pojac, LLC  4. Brief description of the character of business conducted in Real Estate  City Providence  bility Company and Name or Title of Contact Person  Contact Title Operating  City Providence  City Providence  In currently of record with the RI Department of State is accurated and affirm that I have examined this report, included.	Forty-Five Pojac, LLC  4. Brief description of the character of business conducted in Rhode Island Real Estate    City

## MAIL TO:

**Division of Business Services** 

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

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