

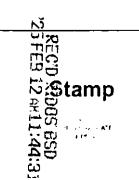
## State of Rhode Island

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

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 000756763	Exact name of the Limited Liability Company     Circle, LLC      Brief description of the character of business conducted in Rhode Island     Aquiring & selling property			
3. NAICS Code 531390				
5. State of Formation RI				
6. Principal Office Address 4 Circle Drive		City Johnston	State RI	Zip <b>02919</b>
7. Mailing Address of Limite	ed Liability Company and Name	or Title of Contact Person		<b>_</b>
Contact Name Valentino Cairo		Contact Title Authorized Person		
Street Address 4 Circle Drive		City Johnston	State RI	Zip <b>02919</b>
8. The Resident Agent info	rmation currently of record with the	ne RI Department of State is a	ccurate. Changes requ	ire filing Form 642.
Under penalty of perjury, statements, and that all s	I declare and affirm that I have tatements contained herein are	e examined this report, include true and correct.	ding any accompany	ing schedules and
Name of Authorized Person Valentino Caino			Date 2/5/25	
Signature of Authorized Per	rson		•	

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

