



**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.

**FILED**

**FEB 19 2025**

**BY** 1390  
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|                                                                                                                                                                                                                |  |                                                                                                                   |                        |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|
| 1. Entity ID Number<br><b>000163529</b>                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br><b>Downing and Hurd LLC</b>                                     |                        |                     |
| 3. NAICS Code<br><b>531120</b>                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Holding Company</b> |                        |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                             |  |                                                                                                                   |                        |                     |
| 6. Principal Office Address<br><b>105 Clock Tower Square</b>                                                                                                                                                   |  | City<br><b>Portsmouth</b>                                                                                         | State<br><b>RI</b>     | Zip<br><b>02871</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                                   |                        |                     |
| Contact Name<br><b>Lisa Hurd</b>                                                                                                                                                                               |  | Contact Title<br><b>L.L.C. Member</b>                                                                             |                        |                     |
| Street Address<br><b>105 Clock Tower Square</b>                                                                                                                                                                |  | City<br><b>Portsmouth</b>                                                                                         | State<br><b>RI</b>     | Zip<br><b>02871</b> |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                            |  |                                                                                                                   |                        |                     |
| 9. <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><b>LISA A. HURD</b>                                                                                                                                                               |  |                                                                                                                   | Date<br><b>2/13/25</b> |                     |
| Signature of Authorized Person<br>                                                                                                                                                                             |  |                                                                                                                   |                        |                     |

**MAIL TO:**

**Division of Business Services**

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

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