

Annual Report for the year: **Limited Liability Company** 

→ Filing Fee: \$50.00

-> Filing period: February 1 - May 1

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

2025

**STAMP** 

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.			. 25 2 0 2023	
7 Fenalty. Additional Qu	25.00 fee in form is not med by w	iay 31.	BY_	894
1. Entity ID Number	2. Exact name of the Limite	ed Liability Company	<u></u>	<del></del>
001671083	Soares Family LL	Soares Family LLC		
3. NAICS Code 531110	Brief description of the character of business conducted in Rhode Island     Lessor of residential buildings			
5. State of Formation RI				
6. Principal Office Address		City	State	Zip
125 Arlington Street		East Providence	RI	02914
7. Mailing Address of Limite	d Liability Company and Name or	r Title of Contact Person	. <u></u> .	
Contact Name Paul J. Soares		Contact Title Manager		
Street Address 125 Arlington Street		City East Providence	State RI	<sup>Zip</sup> 02914
8. The Resident Agent infor	mation currently of record with the	RI Department of State is accurate	. Changes require	filing Form 642
9. Under penalty of perjur statements, and that all st	y, I declare and affirm that I hav latements contained herein are	re examined this report, including true and correct.	any accompany	ing schedules and
Name of Authorized Person			Date	
Paul J. Soares			2-1	3-25

MAIL TO:

**Division of Business Services** 

Signature of Authorized Person

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

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