

State of Rhode Island

Department of State - Business Services Division

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

2025

→ 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 000 115 062	2. Exact name of the Limited Lin Coxe Proper	· · ·		
3. NAICS Code 531120 5. State of Formation RT		ty rental	ode Island	
6. Principal Office Address 15 Newman Rd.		Pawtucket	State RI	2ip 02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Donald M. Coxe		Contact Title CO-Manager		
Street Address 15 Newman Rd.		City Pawtucket	State RI	Zip 02860
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 Sally M. Coxe-Dobbs			13 Feb 2025	
Signature of Authorized Person Selly M. Caye Dalys				

MAIL TO:

Division of Business Services

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

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