RI SOS Filing Number: 202565776950 Date: 2/24/2025 4:00:00 PM



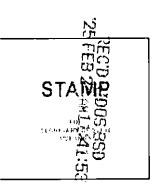
## State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 202>
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.



|   |   |                 |                   | <del></del>  |
|---|---|-----------------|-------------------|--------------|
| Entity ID Number  | 2. Exact name of the Limited Liability Company                              |                 |                   |              |
| 001355527   | Keysnore Property Managent LLC  |                 |                   |              |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |                 |                   |              |
| 531120  | Reutol Communal Real Estate   |                 |                   |              |
| 5. State of Formation   |   |                 |                   |              |
| R (   |   |                 |                   |              |
| 6. Principal Office Address   | 0 1   | City (i         | State             | Zip          |
| 791 Chestrut Hill Ral   |   | Chepoched       | RI                | 02814        |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |                 |                   |              |
| Contact Name  |   | Contact Title   |                   |              |
| Contact Name  / Acco  |   | Owner           |                   |              |
| Street Address Charter Hill Rd  |   | City Chipack of | State (           | Zip<br>02814 |
| 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  W. Alikus V. 1140   |   | 17CE)           | Date 2 - 2 4 - 25 |              |
| Signature of Authorized Person  |   |                 |                   |              |
|   |   |                 |                   |              |

FILED

FEB 2 4 2025

M

MAIL TO:

**Division of Business Services** 

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

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