

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

Annual Report for the year: 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
FEFT E025
BYFR 24:2075

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1. Entity ID Number	2. Exact name of the Limite	2. Exact name of the Limited Liability Company			
001711221	139 Beavertail LL	139 Beavertail LLC			
3. NAICS Code	4. Brief description of the c	4. Brief description of the character of business conducted in Rhode Island			
531390	Real Estate				
5. State of Formation	<del></del>				
RI					
6. Principal Office Address	<u>.</u>	City	State	Zip	
122 Touro Street		Newport	RI	02840	
7. Mailing Address of Limite	ed Liability Company and Name of	r Title of Contact Person			
Contact Name Michael W. Miller		Contact Title Registered Agent			
Street Address 122 Touro Street		City Newport	State RI	<sup>Zip</sup> 02840	
8. The Resident Agent info	rmation currently of record with the	e RI Department of State is acc	urate. Changes requir	e filing Form 642.	
	ry, I declare and affirm that I hav tatements contained herein are		ding any accompany	ying schedules and	
Name of Authorized Person			Date		
STUART	AUBRIBACH 1		2-6-2025		
Signature of Authorized Pe	at in		1	·	

**Division of Business Services** 

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