State of Rhode Island
Department of State - Business Services Division

FILED STAMP
FEB 24 2025
BY_____

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company		
000792530	20 Carroll Ave. LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
531390	Real Estate		
5. State of Formation			
RI			
6. Principal Office Address	City	State	Zip
20 Carroll Ave	Newport	RI	02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: Michael W. Miller	Contact Title: Registerted Agent		
Street Address: 122 Touro Street	City: Newport	State: RI	Zip: 02840

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	Date
Derek Herbert	2/5/2025

Signature of Authorized Person: DHerbert

MAIL TO:
Division of Business Services
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