

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.

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|---------------------------------|--|
| CD RIDOS ESD EB 25 PM4:09:58 | |

| Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
|---|--|------------|--------|-------|--|--|
| 1674292 | OSPREY PROPERTIES UC | | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | |
| 53110 | REAL ESTATE | | | | | |
| 5. State of Formation | | | | | | |
| RI | | | | | | |
| 6. Principal Office Address | • | City | State | Zip | | |
| 120 SPRUCE STREET | | PROVIDENCE | RI | 02903 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name | Contact Title | | | | | |
| TREW CARUN ' | | MANAGER | | | | |
| Street Address | | City | State | Zip | | |
| 120 STAZULF, STREET | | PROVIDENCE | 121 | 02405 | | |
| 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 / | | | |
| DREW CARLIN | | • | 2 25 | 25 | | |
| Signature of Authorized Person Lew Authorized Person | | | | | | |

FILED

BY 8BCTC

MAIL TO:

Division of Business Services

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

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