

## 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.

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1. Entity ID Number	2. Exact name of the Limited Usability Company Cove Homes Frenchtown  4. Brief description of the character of business conducted in Rhode Island To acquire, develop, manage, operate, invest and deal with interest in real property either in its own capacity or as a member in any LLP/LP organized to undertake the same and engage in any activities related to RI Regulations				
3. NAICS Code 53             5. State of Formation RI					
5. Principal Office Address	<del></del>	City	State	Zip	
146 First Avenue		East Greenwich	RI	02818	
7. Mailing Address of Limite	d Lieblity Company and Name or Til	te of Contact Person			
Contact Name Tracy L. Johnson		Contact Title Managing Agent			
Street Address 146 First Avenue		Cay East Greenwich	State RI	<sup>Zip</sup> 02818	
8. The Resident Agent infor	mation currently of record with the R	Department of State is accurate	. Changes requir	e filing Form 642.	
9. Under penalty of perjustatements, and that all s	y, I declare and affirm that I have e tatements contained herein are tru	examined this report, including the and correct.	any accompany	ying schedules and	
Name of Authorized Person		Date			
Tracy L. Johnson		2/25/2025			
Signature of Authorized Per	son				

FLED

MAIL TO:

Division of Business Services

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