

## State of Rhode Island

## **Department of State - Business Services Division**

STAMP

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.

2004,074,97, 15	17/12
032,030	

1. Entity ID Number	2. Exact name of the Lir	2. Exact name of the Limited Liability Company			
1776450	TERS, LLC	TERS, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531210	Realtor				
5. State of Formation					
RI					
6 Principal Office Address		City	State	Zip	
145 Bay Spring Avenւ	venue Barrington		RI	02806	
7. Mailing Address of Limited	Liability Company and Name	e or Title of Contact Person	<u>k =-</u>		
Contact Name Theresa Stevens		Contact Title  Manager			
Street Address 145 Bay Spring Avenue		City Barrington	State RI	<sup>Zip</sup> 02806	
8. The Resident Agent inform	ation currently of record with	the RI Department of State is accu	rate. Changes requir	e 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			
Theresa Stevens		2/5	2/5/25		
Signature of Authorized Person	_ Stevens		•		

**FILED** 

FEB 24 2025

MAIL TO:

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