

State of Rhode Island

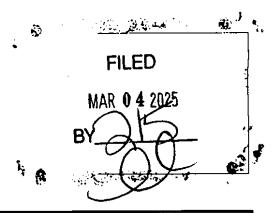
Department of State - Business Services Division

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 | | | |
|---|---|-------------------------------|-----------------------|---------------------------------|
| 1704617 | Veracity Assets LLC | | | |
| 3. NAICS Code 721199 | Brief description of the character of business conducted in Rhode Island Vacation property rental - short term. | | | |
| 5. State of Formation Rhode Island | | | - Andrews | |
| 6. Principal Office Address | | City | State | Zıp |
| 204 Jacob Street | | Seekonk | MA | 02771 |
| 7 Mailing Address of Limited | Liability Company and Name or Ti | tle of Contact Person | | · |
| Contact Name David Jones | | Contact Title MEMBER | | |
| Street Address 204 Jacob Street | | City Seekonk | State MA | ^{Z₁p} 02771 |
| 8. The Resident Agent informa | ation currently of record with the R | I Department of State is accu | rate. Changes require | filing Form 642. |
| , | I declare and affirm that I have e ements contained herein are tru | • | ding any accompanyi | ng schedules and |
| Name of Authorized Person | | | Date | |
| David Jones | | | 02/26/25 | |
| Signature of Authorized Perso | | | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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