

State of Rhode Island Department of State - Business Services Division

FILED'

MAR 0 4 2025

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 Lim	2. Exact name of the Limited Liability Company			
000136851	MAU-RAY APAR	MAU-RAY APARTMENTS, LLC			
3. NAICS Code	*	4. Brief description of the character of business conducted in Rhode Island			
531311	REAL ESTATE				
5. State of Formation					
RI					
6. Principal Office Address	<u></u>	City	State	Zıp	
66 GATES STREET		PAWTUCKET	RI	02861	
7. Mailing Address of Limite	ed Liability Company and Name	or Title of Contact Person		_	
Contact Name RAYMOND CHARTIER		Contact Title MEMBER			
Street Address 66 GATES STREET		City PAWTUCKET	State RI	^{Z₁p} 02861	
8. The Resident Agent info	rmation currently of record with t	he RI Department of State is accura	ite. Changes requir	e filing Form 642.	
9. Under penalty of perjustatements, and that all s	ry, I declare and affirm that I hat it is taken and affirm that I had a large and a large	ave examined this report, including true and correct.	ng any accompany	ying schedules and	
Name of Authorized Person			Date		
RAYMOND CHARTIER			2/1/2025		

MAIL TO:

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

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