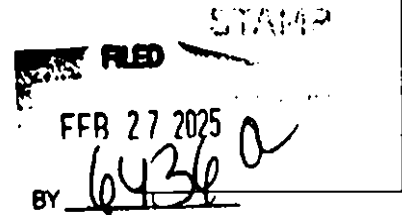




State of Rhode Island  
Department of State - Business Services Division

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<br><b>001755333</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>LILYDUB, LLC</b>                                        |                    |
| 3. NAICS Code<br><b>236115</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Investment</b> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                      |  |                                                                                                              |                    |
| 6. Principal Office Address<br><b>PO Box 354</b>                                                                                                                                                        |  | City<br><b>North Stonington</b>                                                                              | State<br><b>CT</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>06359</b>                                                                                          |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                              |                    |
| Contact Name<br><b>William Corrigan</b>                                                                                                                                                                 |  | Contact Title<br><b>President</b>                                                                            |                    |
| Street Address<br><b>185 Wyassup Road</b>                                                                                                                                                               |  | City<br><b>North Stonington</b>                                                                              | State<br><b>CT</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>06359</b>                                                                                          |                    |
| 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<br><b>William Corrigan</b>                                                                                                                                                    |  | Date<br><b>2.10.25</b>                                                                                       |                    |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                              |                    |

MAIL TO:  
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