

State of Rhode Island **Department of State - Business Services Division**

FILED

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.

2025

1. Entity ID Number 001676731	2. Exact name of the Limited Liability Company Lilium,LLC				
3. NAICS Code 531110	4. Brief description of the cha Rental Real Estate	Brief description of the character of business conducted in Rhode Island Rental Real Estate			
5. State of Formation Rhode Island					
6. Principal Office Address		City	State	Zip	
5 Touro Park West		Newport	RI	028401	
7. Mailing Address of Limite	d Liability Company and Name or T	itle of Contact Person	<u> </u>	<u>. </u>	
Contact Name Lilly Dick		Contact Title Manager			
Street Address 5 Touro Park West		City Newport	State RI	^{Zip} 02840	
8. The Resident Agent infor	mation currently of record with the F	RI Department of State is acc	urate. Changes requir	e filing Form 642.	
9. Under penalty of perjur statements, and that all st	y, I declare and affirm that I have atements contained herein are tr	examined this report, inclu ue and correct.	ding any accompany	ving schedules and	
Name of Authorized Person Lillian R Dick			Date 2, 25		
Signature of Authorized Per		.	, , , , ,		

MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

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