RI SOS Filing Number: 202566783010 Date: 3/11/2025 4:00:00 PM

| RE TO THE |
|-----------|
| |

State of Rhode Island Department of State - Business Services Division

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.

| REC '25 MA | |
|--------------------------------|-----|
| D RIDOS 8SD 7 11 4611:45:56 | ,-p |

| 1. Entity ID Number | 2 Exact name of the Limited Li. | 2 Exact name of the Limited Liability Company | | | | |
|----------------------------------|--|---|----------------------|----------------------|--|--|
| 1711672 | BROADRY LLC | BROADRY LLC | | | | |
| 3. NAICS Code 611699 | | Brief description of the character of business conducted in Rhode Island EDUCATIONAL PLACEMENT AND CONSULTING | | | | |
| 5. State of Formation | | | | | | |
| 6. Principal Office Address | | City | State | Zıp | | |
| 100 BEACON AVEN | IUE | WARWICK | RI | 02889 | | |
| 7. Mailing Address of Limit | ed Liability Company and Name or Title | e of Contact Person | I | | | |
| Contact Name JULIE L L | OFFREDI | Contact Title MEMBER | | | | |
| Street Address 100 BEACON AVENUE | | City WARWICK | State RI | ^{Zip} 02889 | | |
| 8. The Resident Agent info | mation currently of record with the RI | Department of State is accura | ate. Changes require | e filing Form 642 | | |
| | ry, I declare and affirm that I have ex tatements contained herein are true | | ng any accompany | ring schedules and | | |
| Name of Authonzed Person | | Date | | | | |
| JULIE L LOFFREDI | | | 2.5.25 | | | |
| statements, and that all s | tatements contained herein are true | | Date | | | |

.....

MAR 1 1 2025

FILED

MAIL TO:

Division of Business Services

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

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