

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
000142499	SCG Realt	y, LLC, CA	Aug to	~ 57
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531110	Real Estate Investments			
5. State of Formation				
R.T.				
6. Principal Office Address		City	State	Zip
21 GREEN NO	od Lane	Lincoln	KI	02865
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact-Name	1.01 + E	Contact Title		
GREGNY J. Loston Eur Contact Title				
Street Address 21 Gallano	2 LAIR	Lucoln	State	Zip 02865
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 GREGORY J. GSTANTIN		u U	Date	
Signature of Authorized Person	the Tipo			

FILED

MAR 11 2025

MAIL TO:

Division of Business Services

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

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