RI SOS Filing Number: 202566848340 Date: 3/11/2025 10:39:00 AM



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

Annual Report for the year: 2024
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.

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| 1. Entity ID Number   | 2. Exact name of the Limited Liability Company                           |                       |           |                      |  |  |
|---|--|-----------------------|-----------|----------------------|--|--|
| 001671660   | Auralis, LLC   |                       |           |                      |  |  |
|   |  |                       |           |                      |  |  |
| 3. NAICS Code   | Brief description of the character of business conducted in Rhode Island |                       |           |                      |  |  |
| 551112  | Energy and Business Consulting Services                                  |                       |           |                      |  |  |
| 5. State of Formation   |  |                       |           |                      |  |  |
| RI  |  |                       |           |                      |  |  |
| 6. Principal Office Address   | ·  | City                  | State     | Zip                  |  |  |
| 176 Ocean Drive West  |  | Stamford              | СТ        | 06902                |  |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |                       |           |                      |  |  |
| Contact Name Guy Freshwater   |  | Contact Title  Member |           |                      |  |  |
| Street Address 176 Ocean Drive West   |  | City Stamford         | State CT  | <sup>Zip</sup> 06902 |  |  |
| 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   |  |                       | Date      |                      |  |  |
| Guy Freshwater  |  |                       | 1/27/2025 |                      |  |  |
| Signature of Authorized Person  |  |                       |           |                      |  |  |

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MAIL TO:

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

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