

## 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 Lin  | 2. Exact name of the Limited Liability Company   |                      |                      |  |  |
|-------------------------------------|---|--|----------------------|----------------------|--|--|
| 001671660                           | Auralis, LLC  | Auralis, LLC   |                      |                      |  |  |
| 3. NAICS Code<br>551112             | · ·   | Brief description of the character of business conducted in Rhode Island     Energy and Business Consulting Services |                      |                      |  |  |
| 5. State of Formation               |   |  |                      |                      |  |  |
| 6. Principal Office Address         |   | City   | State                | Zip                  |  |  |
| 176 Ocean Drive West                |   | Stamford   | СТ                   | 06902                |  |  |
| 7. Mailing Address of Limite        | ed 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 infor         | mation currently of record with                                   | the RI Department of State is accu   | rate. Changes requir | e filing Form 642.   |  |  |
|                                     | ry, I declare and affirm that I i<br>tatements contained herein a | nave examined this report, including true and correct.   | ding any accompany   | ying schedules and   |  |  |
| Name of Authorized Person           |   |  | Date                 |                      |  |  |
| Guy Freshwater                      |   |  | 1/27/2025            |                      |  |  |
| Signature of Authorized Per         | cson-   |  | •                    |                      |  |  |

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MAIL TO:

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