



State of Rhode Island  
Department of State - Business Services Division

RECEIVED  
MAR 12 2025  
3:53:14 PM

Annual Report for the year: 2025

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<br><b>311479</b>                                                                                                                                                                           |  | 2. Exact name of the Limited Liability Company<br><b>Developers 333, LLC</b>                                                                                                                      |                    |                     |
| 3. NAICS Code<br><b>531390</b>                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br><br>Acquire entity and/or various other interests, conduct all activates related, necessary or incidental thereto. |                    |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                   |  |                                                                                                                                                                                                   |                    |                     |
| 6. Principal Office Address<br><b>5 Cathedral Square</b>                                                                                                                                                       |  | City<br><b>Providence</b>                                                                                                                                                                         | State<br><b>RI</b> | Zip<br><b>02903</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                                                                                                                   |                    |                     |
| Contact Name<br><b>Scott Gaudreau</b>                                                                                                                                                                          |  | Contact Title                                                                                                                                                                                     |                    |                     |
| Street Address<br><b>5 Cathedral Square</b>                                                                                                                                                                    |  | City<br><b>Providence</b>                                                                                                                                                                         | State<br><b>RI</b> | Zip<br><b>02903</b> |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                            |  |                                                                                                                                                                                                   |                    |                     |
| 9. <i>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.</i> |  |                                                                                                                                                                                                   |                    |                     |
| Name of Authorized Person<br><b>SEE ATTACHED SIGNATURE BLOCK</b>                                                                                                                                               |  |                                                                                                                                                                                                   | Date               |                     |
| Signature of Authorized Person                                                                                                                                                                                 |  |                                                                                                                                                                                                   |                    |                     |

**MAIL TO:**

Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

**MAR 12 2025**

BY 1466  
es

**Signature page to 2025 Annual Report for**  
**Developers 333, LLC**  
**Entity ID# 311479**

Developers 333, LLC

By: Cathedral Development Group, Inc.

Its: Manager

\_\_\_\_\_  


Name: Scott Gaudreau

Title: Vice President/ Treasurer

3/11/25