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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2023______

→ 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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RECEIVED SECRETARY OF SUVEL CORPORATO AS DAY

2025 MAR - 5 AM ID: 49

1. Entity ID Number	2. Exact name of the Limited Liability Company Exclusive Property Services 4. Brief description of the character of business conducted in Rhode Island residential Property Management			
001686869				
3. NAICS Code				
531311				
5. State of Formation				
Rhode Island				
6. Principal Office Address	. <u> </u>	City	State	Zip
129 Beacon Ave		Jamestown	RI	02835
7. Mailing Address of Limite	ed Liability Company and Name	or Title of Contact Person		
Contact Name Vincent I Moretti		Contact Title President		
Street Address 129 Beacon Ave		City Jamestown	State RI	^{Zip} 02835
8. The Resident Agent info	mation currently of record with t	he RI Department of State is accur-	ate. Changes requir	e filing Form 642.
	y, I declare and affirm that I h tatements contained herein a	ave examined this report, includi re true and correct.	ng any accompany	ring schedules and
Name of Authorized Person			Date	
Vincent I. Moretti			03/02/2025	
Signature of Authorized Pe	rson	1/	.	
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FILED

MAR 1 2 2025 BY PO 2

MAIL TO:

Division of Business Services

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

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