

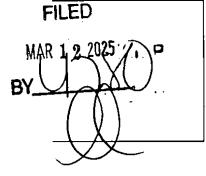
## Department of State - Business Services Division

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.



3 NAICS Code 722513  4. Brief description of the character of business conducted in Rhode Island Property Ownership & Management  5. State of Formation Rhode Island  6. Principal Office Address 32 Hillside Road  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name George Stansfield  City Cumberland  Contact Title  Contact Title	1. Entity ID Number 1701820	2. Exact name of the Limited			
Property Ownership & Management  5. State of Formation Rhode Island  6. Principal Office Address 32 Hillside Road  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name George Stansfield  Street Address 32 Hillside Road  City Cumberland  State RI  Zip  O2864  Contact Title  Street Address 32 Hillside Road  City Cumberland  State RI  Zip  O28  8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 69. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedul statements, and that all statements contained herein are true and correct.  Name of Authorized Person  Date	1701020	Tures Liobeilles F	LO		
Rhode Island  6. Principal Office Address 32 Hillside Road  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name George Stansfield  Street Address 32 Hillside Road  City Cumberland  State RI  Zip  O2864  Contact Title  City Cumberland  State RI  Zip  O28  State RI  Zip  O28  Date				Rhode Island	
6. Principal Office Address 32 Hillside Road Cumberland RI  02864 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name George Stansfield  Street Address 32 Hillside Road City Cumberland State RI Zip 028 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 6 9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedul statements, and that all statements contained herein are true and correct. Name of Authorized Person  Date	5. State of Formation	<b>-</b>			
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Contact Name George Stansfield  Street Address 32 Hillside Road  City Cumberland  State RI  Zip 028  8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 69. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedul statements, and that all statements contained herein are true and correct.  Name of Authorized Person  Date	32 Hillside Road		Cumberland	RI	02864
Street Address 32 Hillside Road  City Cumberland  State RI  Zip 028  8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedul statements, and that all statements contained herein are true and correct.  Name of Authorized Person  Date	7. Mailing Address of Limited I	iability Company and Name or	Title of Contact Person		
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				ng any accompany	ring schedules and
George Stansfield 2-6-2025	Name of Authorized Person			Date	
	George Stansfield	<i></i>		2-6	-2025
Signature of Authorized Person	Signature of Authorized Perso		<del></del>	•	-
(/E)		1			

## MAIL TO:

**Division of Business Services** 

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

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