

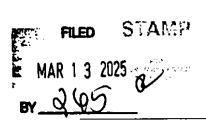
## State of Rhode Island **Department of State - Business Services Division**

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	2. Exact name of the Limited Liability Company			
000138289	SHORELINE HOLDINGS LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island HOLDING COMPANY.			
6. Principal Office Address		City	State	Zip
90 ELM STREET		PROVIDENCE	RI	02903
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name ROBERT GAUMONT		Contact Title PRESIDENT		
Street Address 90 ELM STREET		City PROVIDENCE	State RI	<sup>Zip</sup> 02903
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 / 22/2	
ROBERT GAUMONT		7/00	199	
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