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State of Rhode Island 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.

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1. Entity ID Number	2. Exact name of the Limited Lia	bility Company			
06/732118	Windfall	ill.			
3. NAICS Code	4. Brief description of the charac	ter of business conducted in Rhod	ie Island		
531110	Rental	Property			
5. State of Formation		(0 -)			
RI					
6. Principal Office Address		City	State	Zip	
17 Wickh	iam Road	N. Kingptown	RI	02852	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name	. /	Contact Title			
Jonatha	n VOCCIA	Owner			
Street Address		City	State	Zip	
17 Wickham Rd		N. Kingoban	RI	02852	
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		Dete			
Paix E	. Voccin		3-17.	· 25 	
Signature of Authorized Person					
			FILED		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 17 2025