

## 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 Liability Company					
06/732118	Windfall	LLC.	<u></u> _	. <u>-</u>		
3. NAICS Code	4. Brief description of the charac	ter of business conducted in Rhor	de Island			
<i>5</i> 31110	Rental	Property				
5. State of Formation		( ) - )				
RI						
6. Principal Office Address	_	City	State	Zip		
17 Wick	am Poad	N. Kingplown	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	ian Rd	CHY N. Kingdown	State	02 <b>35</b> 2		
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			
Paix E. Voccia		3-17-25				
Signature of Authorized Person						
1/						
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FILED

MAR 17 2025

MAIL TO:

**Division of Business Services** 

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

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