RI SOS Filing Number: 202567256540 Date: 3/17/2025 2:49:00 PM



State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2022
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. Evert name of the Limited Lie | hiliby Company | | |
|---|---|------------------|---------|----------------|
| | 2. Exact name of the Limited Liability Company | | | |
| 06/732118 | Windfall | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | |
| 531110 | Rental | Property | | |
| 5. State of Formation | 1 | 1 0 -) | | |
| RI | | | | |
| 6. Principal Office Address | | City | State | Zip |
| 17 Wickh | iam Poad | N. Kingptown | RI | 02852 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name | / | Contact Title | | |
| Jonathan Voccin | | Owner | | |
| Street Address 17 Wickham Rd | | City N. Kingdowa | State P | 02 35 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 | _ |
| Paige E. Vuccia | | | 3-17-25 | |
| Signature of Authorized Person | | | | |
| | | | | |
| | | | | |

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