

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.



1. Entity ID Number	2. Exact name of the Limited Liability Company			
06/732118	Windfall	UC.		····
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531110	Rental	Property		
5. State of Formation		1)		
R \		_		
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 Title				
Jonathan Voccia		Owner		
Street Address 17 Wickham Rd		City N. KINDAWA	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

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