- C#3

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

2025

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.

	FILED/ M.C
2825 FEB 27	PHMAR 2 1 2025 C

1. Entity ID Number	2. Exact name of the Limited Liability Company					
001768405	Scarlex Enterprises, LLC					
3. NAICS Code 53/120 25-1-0 5. State of Formation RI	4. Brief description of the character of business conducted in Rhode Island  Commercial Rendul					
6. Principal Office Address	<u> </u>	City	State	Zip		
785 Main Road		Tiverton	RI	02878		
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person	•	•		
Contact Name		Contact Title				
Westall B. Deane		Member				
Street Address 786 Main Road		City Tiverton	State RI	<sup>Zip</sup> 02878		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
	eclare and affirm that I have extremts contained herein are true	amined this report, including an and correct.	y accompanyir	ng schedules and		
Name of Authorized Person			Date			
Westall B. Deane ( ) as [ ] B To		ien 1	2.20.25			
Signature of Authorized Person		<u> </u>	•			

MAIL TO:

**Division of Business Services** 

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