

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

Annual Report for the year: 2025 **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 Limite	2 Exact name of the Limited Liability Company			
001680652	Hermance Assoc	Hermance Associate, LLC			
3 NAICS Code 812199		Brief description of the character of business conducted in Rhode Island To invest in and manage real estate.			
5 State of Formation Rhode Island					
6. Principal Office Address		City	State	Zip	
896 Hope Street		Providence	RI	02906	
7 Mailing Address of Limited	Liability Company and Name or	Title of Contact Person	<u></u>	<u> </u>	
Contact Name Travis J. Hermance		Contact Title Member			
Street Address 896 Hope Street		City Providence	State RI	^{Zip} 02906	
3. The Resident Agent inform	nation currently of record with the	RI Department of State is accura	ate. Changes require	I Form 642.	
D. Under penalty of perjury	, I declare and affirm that I have stements contained herein are t	e examined this report, includi	ng any accompany	ing schedules and	
Name of Authorized Person			Date _ /		
Travis J. Hermance			3/21/25		
Signature of Authorized Pers	on		<u> </u>	•	

MAIL TO:

Division of Business Services

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