District	

State of Rhode Island Department of State - Business Services Division

FILED

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.

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BY	X	R

1. Entity ID Number 001780251	2. Exact name of the Limited Five Three, LLC	d Liability Company			
3. NAICS Code 531110	Brief description of the character of business conducted in Rhode Island Land holding company and all other lawful purposes				
5. State of Formation	7	· · · · · · · · · · · · · · · · · · ·	,0000		
Rhode Island					
6. Principal Office Address		City	State	Zip	
P.O. Box 104		East Greenwich	RI	02818	
7. Mailing Address of Limited I	Liability Company and Name or T	Title of Contact Person			
Contact Name Samuel J. Ni		Contact Title Member			
Street Address P.O. Box 104		City East Greenwich	State RI	^{Zip} 02818	
8. The Resident Agent informa	ition currently of record with the f	RI Department of State is accurate	Changes require	o filino Form CAO	
statements, and that all state	l declare and affirm that I have ements contained herein are tr	examined this coper including	any accompany	ring schedules and	
Name of Authorized Person			Date	-,	
Samual J. Nicastro, Member		3/14/25			
Signature of Authorized Person	\supset			7	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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