RI SOS Filing Number: 202568248940 Date: 3/24/2025 4:00;00 PM



## State of Rhode Island

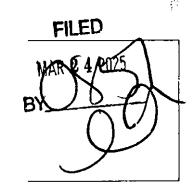
## **Department of State - Business Services Division**

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.



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1. Entity ID Number	2. Exact name of the Lim	2. Exact name of the Limited Liability Company			
000158996	Quaiapen LLC	Quaiapen LLC			
3. NAICS Code	4. Brief description of the	Brief description of the character of business conducted in Rhode Island			
531390	To hold and manage	To hold and manage real estate.			
5. State of Formation					
Rhode Island					
6. Principal Office Address		City	State	Zip	
302 Woodruff Avenue		Wakefield	RI	02879	
7. Mailing Address of Limite	ed Liability Company and Name	or Title of Contact Person	·		
Contact Name Thomas Green		Contact Title Member			
Street Address 302 Woodruff Avenue		City Wakefield	State RI	<sup>Zip</sup> 02879	
8. The Resident Agent infor	mation currently of record with	the RI Department of State is accu	rate. Changes requir	e filing Form 642.	
	y, I declare and affirm that I h tatements contained herein a	ave examined this report, include re true and correct.	ling any accompany	ring schedules and	
Name of Authorized Person			Date 02/16/2026		
Signature of Authorized Per	-		•		
Thomas	Green				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www sos ri gov