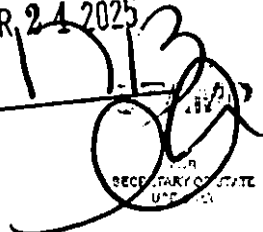




State of Rhode Island

## Department of State - Business Services Division

FILED

MAR 24 2025  
BY   
SECRETARY OF STATE  
UNOFFICIAL

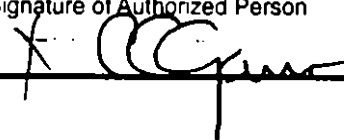
Annual Report for the year: 2025

## 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<br><b>81440</b>                                                                                                                                                                         |  | 2. Exact name of the Limited Liability Company<br><b>REC REALTY, LLC</b>                                       |                    |
| 3. NAICS Code<br><b>531120</b>                                                                                                                                                                              |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Ownership of Real Estate</b> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |  |                                                                                                                |                    |
| 6. Principal Office Address<br><b>c/o Fleet Master Inc., 9 Hylestead Street</b>                                                                                                                             |  | City<br><b>Providence</b>                                                                                      | State<br><b>RI</b> |
|                                                                                                                                                                                                             |  | Zip<br><b>02905</b>                                                                                            |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |  |                                                                                                                |                    |
| Contact Name<br><b>Curtis C. Gower</b>                                                                                                                                                                      |  | Contact Title<br><b>Manager</b>                                                                                |                    |
| Street Address<br><b>9 Hylestead Street</b>                                                                                                                                                                 |  | City<br><b>Providence</b>                                                                                      | State<br><b>RI</b> |
|                                                                                                                                                                                                             |  | Zip<br><b>02905</b>                                                                                            |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |  |                                                                                                                |                    |
| <b>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.</b> |  |                                                                                                                |                    |
| Name of Authorized Person<br><b>Curtis C. Gower</b>                                                                                                                                                         |  | Date                                                                                                           |                    |
| Signature of Authorized Person<br>                                                                                       |  |                                                                                                                |                    |

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

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