

## State of Rhode Island

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

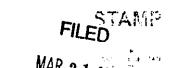
Annual Report for the year: Limited Liability Company

2025

→ 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 Limited Liability Company			
160870	263 Mount LLC			
3. NAICS Code 53             5. State of Formation Rhode Island	Brief description of the character of business conducted in Rhode Island     Real Estate			
6. Principal Office Address		City	State	Zip
618 Greenville road		North Smithfield	RI	02896
7. Mailing Address of Limited L	iability Company and Name or	Title of Contact Person		
Contact Name Robert A. Pezza		Contact Title Member		
Street Address 618 Greenville Road		City North smithfield	State RI	Zip 02896
8. The Resident Agent information	tion currently of record with the	RI Department of State is accurate	. Changes require	e filing Form 642.
9. Under penalty of perjury, I statements, and that all state		e examined this report, including true and correct.	any accompany	ing schedules and
Name of Authorized Person			Date	
Robert A. Pezza			3-24-25	
Signature of Authorized Person	How		•	

MAIL TO:

**Division of Business Services** 

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

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