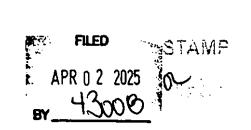


## State of Rhode Island **Department of State - Business Services Division**

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 Limit	2. Exact name of the Limited Liability Company Del Atlantic LLC			
001758103	Del Atlantic LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531390	Real Estate				
5. State of Formation					
DE					
6. Principal Office Address		City	State	Zip	
850 New Burton Road - Suite 201		Dover	DE	19904	
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person			
Contact Name J. Russell Jackson		Contact Title Registered Agent			
Street Address 122 Touro Street		City Newport	State RI	<sup>Zip</sup> 02840	
8. The Resident Agent infor	mation currently of record with t	he RI Department of State is acc	urate. Changes requir	e filing Form 642.	
	y, I declare and affirm that I hi tatements contained herein ar	eve exemined this report, incluing true and correct.	ding any accompan	ying schedules and	
Name of Authorized Person			Oate		
Thomas G. Roberts Jr			3/4/25		
Signature of Authorized Per	rson		,		
	66/20	<u>)</u> :		<u> </u>	

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

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