

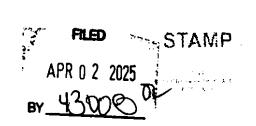
## State of Rhode Island **Department of State - Business Services Division**

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 001745017	2. Exact name of the Limited Liability Company 60 Magnolia, LLC  4. Brief description of the character of business conducted in Rhode Island Real Estate			
3. NAICS Code 531390				
5. State of Formation RI				
6. Principal Office Address		City	State	Zip
122 Touro Street		Newport	RI	02840
7. Mailing Address of Limite	ed Liability Company and Name o	r Title of Contact Person		
Contact Name Michael W. Miller		Contact Title Registered Agent		
Street Address 122 Touro Street		City Newport	State	<sup>Zip</sup> 02840
8. The Resident Agent info	rmation currently of record with the	e RI Department of State is accu	urate. Changes requir	e filing Form 642.
	ry, I declare and affirm that I hav tatements contained herein are		ding any accompany	ying schedules and
Name of Authorized Person KENNETH W. FARDIE			Date 3/16/25	
Signature of Authorized Pe			*	

## MAIL TO:

**Division of Business Services** 

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

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