RI SOS Filing Number: 202569133830 Date: 4/3/2025 4:00:00 PM



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

Annual Report for the year: 2025
Partnership (LP, LLP, LLLP)

→ 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 Partnership   |  |  |                            |                     |  |  |
| 000121642  | 3781 Mendon, LP  |  |  |                            |                     |  |  |
| 3. NAICS Code  | Brief description of the character of business conducted in Rhode Island |  |  |                            |                     |  |  |
| 531120   |  |  |  |                            |                     |  |  |
| 5. State of Formation  | The Acquisition of Real Estate   |  |  |                            |                     |  |  |
| RI ,   |  |  |  |                            |                     |  |  |
| 6. Principal Office Address City                                       |  |  | State  | Zip                        |                     |  |  |
| 101 Plain Street, 1st Floor, Suite 100                                 |  |  | Providence   | RI                         | 02903               |  |  |
| 7. The name and business additional LLP and LLLP only: an amendment is | ress of each gen   | eral partner or or<br>rd a change in gen                   | ne or more partner(s):<br>eral partner(s) - use Form | n 301 (domestic) or Form : | 351 (foreian).      |  |  |
|  |  | 7  | USINESS ADDRESS                                      |                            |                     |  |  |
| 911 Porsche Corp.  |  | 101 Plain Street, 1st Flr, Suite 100, Providence, RI 02903 |  |                            |                     |  |  |
|  |  | ····   |  |                            |                     |  |  |
|  |  |  | · · · · · · · · · · · · · · · · · · ·                | -                          | <del></del>         |  |  |
|  | ·.   |  | <del></del>  | *                          |                     |  |  |
| 8. Under penalty of perjury, I de and correct.                         | clare and affirm (   | that I have exam   | ined this report, and the                            | at all statements contai   | ned herein are true |  |  |
| Name of General Partner or Authorized Representative                   |  |  |  | Date                       | Date                |  |  |
| Stefania M. Mardo  |  |  | 3.28   | 3.28.25                    |                     |  |  |
| Signature of General Partner of  |  |  | -  | <b>.</b>                   |                     |  |  |

MAIL TO:

**Division of Business Services** 

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

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