

REC'D RIDG 8SD
25 APR 8 AM 11:51:03State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year: 2024
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 <u>001701057</u> | | 2. Exact name of the Limited Liability Company <u>UPYONDA REALTY LLC</u> | |
| 3. NAICS Code <u>53110</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>PROPERTY MANAGEMENT</u> | |
| 5. State of Formation <u>RI</u> | | | |
| 6. Principal Office Address <u>282 LAKE ST</u> | | City <u>SEEKONK</u> | State <u>MA</u> |
| | | Zip <u>02771</u> | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name <u>DAVID EVANS</u> | | Contact Title <u>OWNER</u> | |
| Street Address <u>282 LAKE ST</u> | | City <u>SEEKONK</u> | State <u>MA</u> |
| | | Zip <u>02771</u> | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | |
| 9. 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. | | | |
| Name of Authorized Person <u>DAVID EVANS</u> | | Date <u>4/8/25</u> | |
| Signature of Authorized Person <u>[Signature]</u> | | | |

FILED

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BY 48005
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MAIL TO:

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