RI SOS Filing Number: 202570067870 Date: 4/10/2025 4:00:00 PM



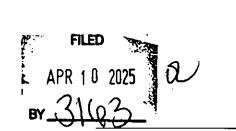
## State of Rhode Island **Department of State - Business Services Division**

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 Limited Liability Company  |                       |          |                                 |
|---|---|-----------------------|----------|---------------------------------|
| 000155660   | 954 EAST MAIN ROAD LLC  |                       |          |                                 |
| 3 NAICS Code<br>531110  | Bnef description of the character of business conducted in Rhode Island     To engage in the business of Real Estate Management and Development |                       |          |                                 |
| 5 State of Formation Rhode Island   |   | ·                     |          | ·                               |
| 6 Principal Office Address  |   | City                  | State    | Zip                             |
| 954 East Main Rd.   |   | Portsmouth            | RI       | 02871                           |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |                       |          |                                 |
| Contact Name Marco DiMattino  |   | Contact Title  Member |          |                                 |
| Street Address 954 East Main Road   |   | City Portsmouth       | State RI | <sup>Z<sub>IP</sub></sup> 02871 |
| 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   |   |                       | Date     | -1                              |
| Marco DiMattino   |   |                       | 4 5      | 5/25                            |
| Signature of Authorized Person  |   |                       | •        |                                 |

MAIL TO:

**Division of Business Services** 

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

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