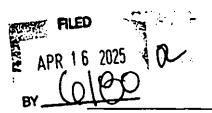


## State of Rhode Island **Department of State - Business Services Division**

2025 Annual Report for the year: **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 SIGNATURE PROPERTIES LLC  4. Brief description of the character of business conducted in Rhode Island REAL ESTATE DEVELOPMENT			
001780240				
3. NAICS Code 237210				
5. State of Formation RI				
6. Principal Office Address 6 STATE STREET		City WARREN	State RI	Zip 02885
7. Mailing Address of Limite	d Liability Company and Name o	r Title of Contact Person		
Contact Name KEITH BERNSTEIN		Contact Title MANAGER		
Street Address 27 MADISON AVE		City SHARON	State MA	<sup>Zip</sup> 02067
8. The Resident Agent infon	mation currently of record with th	e RI Department of State is accu	rate. Changes require	filing Form 642.
	y, I declare and affirm that I ha atements contained herein are	ve examined this report, include true and correct.	ling any accompany	ing schedules and
Name of Authorized Person KEITH BERNSTEIN			Date 04/14/2025\$15.13.13.3	
Signature of Authorized Per	sont Junto	in.		

MAIL TO:

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

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