



State of Rhode Island
Department of State - Business Services Division

REC'D RI005 BSD
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USE ONLY

Annual 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 001341111 | | 2. Exact name of the Limited Liability Company Raphael Cooneymus LLC | |
| 3. NAICS Code 531111 | | 4. Brief description of the character of business conducted in Rhode Island Owning and Managing Real Estate | |
| 5. State of Formation Rhode Island | | | |
| 6. Principal Office Address Off Cooneymus Rd, Fire #1132 | | City Block Island | State RI |
| | | | Zip 00265 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name Seth Jacobson | | Contact Title Managing Member | |
| Street Address 26311 Fairside Rd | | City Malibu | State CA |
| | | | Zip 90265 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | |
| 9. <i>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.</i> | | | |
| Name of Authorized Person SETH JACOBSON | | Date 04-15-2025 | |
| Signature of Authorized Person <i>Seth Jacobson</i> | | | |

FILED

APR 21 2025

BY *8X WQV*

AA 2:48 pm

MAIL TO:
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