

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022 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.



Entity ID Number	2 Exact name of the Limited Liability Company				
001341111	Raphael Cooneymus LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531111	Owning and Managing Real Estate				
5. State of Formation					
Rhode Island					
6. Principal Office Address		City	State	Zip 02807	
Off Cooneymus Rd, Fire #1132		Block Island	BOKE	90265	
7. Mailing Address of Limited Lia	bility 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	on currently of record with the	RI Department of State is accu	urate. Changes require	filing Form 642	
9 Under penalty of perjury, I d statements, and that all statem		The state of the s	ding any accompanyi	ng schedules and	
Name of Authorized Person			Date	Date	
SETH JACOBSON			04-15-2025		
Signature of Authorized Person Seth Jaco	bson			·	

MAIL TO:

Division of Business Services

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