

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

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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
OCB 798 179	PINEAPPLE Properties LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531120	Property Investment					
5. State of Formation						
Thede Island						
6. Principal Office Address		City	State	Zip		
1 Tupperware Dri	ve unitazi	North Smithered	飞工	02196		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title				
Hranf. Jarre	T Ir	Owner/member				
Stroet Address POROX 954		Staters ville	State 17	21p 02876		
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 deciare 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  Aran P. Jarre T. Tr.  Signature of Authorized Person  Nam P. Jarre T. Jarre			Date 4(22(2)			
Signature of Authorized Person	Nom P. Jar	vet In		+		

MAIL TO:

**Division of Business Services** 

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