



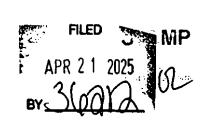
State of Rhode Island **Department of State - Business Services Division**

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.



Entity ID Number	2. Exact name of the Limited Liability Company			
001755073	610-612 SMITHFIELD, SMITH & VOLTURNO, LLC			
3 NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531311	Real Estate Management			
5. State of Formation				
RI				
6. Principal Office Address		City	State	Zip
610 Smithfield Avenue		Lincoln	RI	02865
7. Mailing Address of Limited	d Liability Company and Name or	Title of Contact Person	<u> </u>	
Contact Name Stephen J. DiGianfilippo		Contact Title Attorney		
Street Address 50 Park Row West, Suite 107		City Providence	State RI	^{Z_{ip}} 02903
8. The Resident Agent Inform	nation currently of record with the	RI Department of State is accura	ate. Changes requir	e filing Form 642
	r, I declare and affirm that I hav atements contained herein are	e examined this report, includi true and correct.	ng any accompany	ing schedules and
Name of Authorized Person			Date	
Charles A. Lombardi, Sr.			4-10-25	
Signature of Authorized Page	Son /			

MAIL TO:

Division of Business Services

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

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