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

Annual Report for the year: **Limited Liability Company** 

2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

	APR 23:2025 MF			
(PB)	BY_	18 2 CHERNIE		

Entity ID Number	2 Exact name of the Limited Liability Company				
1739451	Catrina Joel, LLC				
3 NAICS Code 531390	Brief description of the character of business conducted in Rhode Island     REAL ESTATE HOLDINGS AND OTHER LAWFUL PURPOSES				
5. State of Formation Rhode Island					
6. Principal Office Address		City	State	Zip	
272 West Exchange Street, Suite 001		Providence	RI	02903	
7. Mailing Address of Limited Li	ability Company and Name	or Title of Contact Person		•	
Contact Name Nicolas R. Rioux		Contact Title Member			
Street Address 9 Poppasquash Rd.		City Bristol	State RI	<sup>Zip</sup> 02809	
8. The Resident Agent informati	on currently of record with t	he RI Department of State is accu	urate. Changes requir	e filing Form 642.	
9. Under penalty of perjury, I statements, and that all states		ave examined this report, inclu re true and correct.	ding any accompany	ying schedules and	
Name of Authorized Person			Date	Date	
Nicolas R. Rioux			વાપા	4114125	
Signature of Authorized Person	<i>ای</i>				

MAIL TO:

**Division of Business Services** 

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

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