

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

7075

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

STAMP	_
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4. 5-44. 15.11						
1. Entity ID Number	2. Exact name of the Limited Lia	bility Company	 	<u>_</u>		
001698852	ORAGE Properties LC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531110	THECIMITED CLABRITY COMPAN WHASTELD					
5. State of Formation	PURSEOF CONDUCTINO ANY LAWFUL					
14.7,	BUSINESS, E	PLALESTATE	etsuo	ANDRIVAS		
6. Principal Office Address		l City	State	Zip		
74 BRCK WIT	H STREET	CRUSTON	72士	029/0		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Contact Title						
Y)SPHJ,C	AUSTRICITE RESIDENT AGENT					
Street Address	in and	CRUSTON	State	Zip		
-)4Becku	17TH STREET	Clavalor	Kit-	CH-7/0		
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 declare and affirm that I have examined this report, including any accompanying exhecutes and						
outcoments, and that an statements contained herein are true and correct.						
Name of Authorized Person			Date .			
	CAUNSTOK! J		1 APRILA	42025		
Signature of Authorized Person						

FILED

APR 2 4 2025

BY_ML 36R33

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov