



State of Rhode Island

Department of State - Business Services Division

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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.

|                                                                                                                                                                                                             |  |                                                                                            |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------|-------------|
| 1. Entity ID Number<br>001665196                                                                                                                                                                            |  | 2. Exact name of the Limited Liability Company<br>Ponagansett 3, LLC                       |             |
| 3. NAICS Code<br>531311                                                                                                                                                                                     |  | 4. Brief description of the character of business conducted in Rhode Island<br>Real Estate |             |
| 5. State of Formation<br>RI                                                                                                                                                                                 |  |                                                                                            |             |
| 6. Principal Office Address<br>55 Ponagansett Ave                                                                                                                                                           |  | City<br>Providence                                                                         | State<br>RI |
|                                                                                                                                                                                                             |  | Zip<br>02909                                                                               |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |  |                                                                                            |             |
| Contact Name<br>Peter Bibby                                                                                                                                                                                 |  | Contact Title<br>Member                                                                    |             |
| Street Address<br>55 Ponagansett Ave                                                                                                                                                                        |  | City<br>Providence                                                                         | State<br>RI |
|                                                                                                                                                                                                             |  | Zip<br>02909                                                                               |             |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |  |                                                                                            |             |
| <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b> |  |                                                                                            |             |
| Name of Authorized Person<br>Peter Bibby                                                                                                                                                                    |  | Date<br>04/22/25                                                                           |             |
| Signature of Authorized Person<br>                                                                                                                                                                          |  |                                                                                            |             |

## MAIL TO:

Division of Business Services

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BY

FORM 632 - Revised: 2/2023