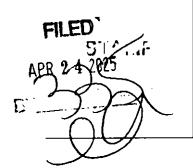


Annual Report for the year: $\frac{2025}{}$ **Limited Liability Company**

→ Filing period: February 1 - May 1
→ Filing Fee: \$50.00

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



4.5.55.15.11	Ta = 1 / / / / / /				
Entity ID Number	2. Exact name of the Limited Liability Company				
112215	Inglenook, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531110	To acquire, own, lease and/or otherwise deal with certain real estate				
5. State of Formation					
RI					
6 Principal Office Address	I	City	State	Zip	
34 Anthony Street		South Dartmouth	MA	02748	
7. Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person			
Contact Name Michael Lahti		Contact Title			
Street Address 34 Anthony Street		City South Dartmouth	State MA	Zip ()2748	
8 The Resident Agent infor	mation currently of record with the	RI Department of State is accurat	e. Changes require	filing Form 642.	
	declare and affirm that I have e atements contained herein are t	xamined this report, including a true and correct.	nny accompanying	g schedules and	
Name of Authorized Person			Date		
Michael Lahti			4-20-2025		
Signature of Authorized Per	son		•	<u>-</u>	
V	h land				

MAIL TO:

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

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