

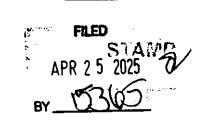
State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 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 Lin	2 Exact name of the Limited Liability Company			
001764549	Swanee LLC 4. Brief description of the character of business conducted in Rhode Island				
3. NAICS Code					
531110	Real Estate.				
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
35 Barbour Drive		Providence	RI	02906	
7 Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person	· · · · · · · · · · · · · · · · · · ·		
Contact Name Senorina Jocelyn DaSylva		Contact Title Member			
Street Address 35 Barbour Drive		City Providence	State RI	^{Zip} 02906	
8. The Resident Agent infor	mation currently of record with	the RI Department of State is accur	rate. Changes requir	re filing Form 642.	
	ry, I declare and affirm that I I tatements contained herein a	have examined this report, includ are true and correct.	ing any accompan	ying schedules and	
Name of Authorized Person	1		Date		
Senorina Jocelyn Da	ıSylva 🛔		0107125		
Signature of Authorized Pe	to the state of th				
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MAIL TO:

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

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