

State of Rhode Island Department of State - Business Services Division

FILED

APR 2 5 2025

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

→ Filing period February 1 - May 1

→ Filing Fee: \$50.00

000089408

1 Entity ID Number

-> Penalty: Additional \$25 00 fee if form is not filed by May 31

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May 1		اتا ر	- TY
fee if form is not filed by	May 31	· ·	
2. Exact name of the Limi	ited Liability Company		
ALL PROPER	TIES LLC		
	character of business conducted in	Rhode Island	
REAL ESTATE	DEVELOPMENT AN	M MANAC	SEMENT
	City	State	Zıp
	مدرك سرميد وأ	107	14204

4. Brief description of the character of busines REAL ESTATE DEVELOPA 5. State of Formation 6 Principal Office Address WESTERLY 02891 27 THOTHY 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Title Contact Name MANAGER E. LIWORI () WHER LOBERT State Street Address 33436 1289 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 schedules and statements, and that all statements contained herein are true and correct. Name of Authorized Person