RI SOS Filing Number: 202571658130 Date: 4/25/2025 4:00:00 PM

State of Rhode Island  Department of State - Business Services Division				
Annual Report for the year Limited Liability Company  → Filing period Sebryary 1  → Filing Fee: \$50,00	2025	FI APR BY	LED 25 2025 ÎN 25 2025	
1. Entity ID Number	2 Exact name of the Limited Liab			
000 143298	MERCHANTS VILLAGE ASSOCIATES IT LLC			
5. State of Formation	4. Brief description of the charact	DEVELOPINENT	AND MAN	
6 Principal Office Address		City	State	Zip
27 Timothy DR.		WESTERLY	RI	02891
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
ROBERT E. LIGURI		OWNER / MANAGER		
Street Address 1289 PARTRIDEE PL N		BOYNTON BEACH	State	Z10. 33436
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		Date 4/24/.25		

Signature of Authorized Person