



State of Rhode Island  
Department of State - Business Services Division

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.

FILED  
APR 29 2025  
BY DUS  
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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. Entity ID Number<br>000796023                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br>QUAKER ACRE, LLC                                                                |                 |
| 3. NAICS Code<br>531110                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>Ownership and operation of residential real estate |                 |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                   |  |                                                                                                                                   |                 |
| 6. Principal Office Address<br>900 Harvard Place                                                                                                                                                        |  | City<br>Charlotte                                                                                                                 | State<br>NC     |
| Zip<br>28207                                                                                                                                                                                            |  |                                                                                                                                   |                 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                                   |                 |
| Contact Name<br>D. Bradford Barrett                                                                                                                                                                     |  | Contact Title<br>Member                                                                                                           |                 |
| Street Address<br>900 Harvard Place                                                                                                                                                                     |  | City<br>Charlotte                                                                                                                 | State<br>NC     |
| Zip<br>28207                                                                                                                                                                                            |  |                                                                                                                                   |                 |
| 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<br>D. Bradford Barrett                                                                                                                                                        |  |                                                                                                                                   | Date<br>2/24/25 |
| Signature of Authorized Person<br><i>D. Bradford Barrett</i>                                                                                                                                            |  |                                                                                                                                   |                 |

## MAIL TO:

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