



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Limited Liability Company

2025

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1. Entity ID Number<br>001755984                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br>Rocket General Properties LLC                                                   |             |
| 3. NAICS Code<br>53110                                                                                                                                                                                  |  | 4. Brief description of the character of business conducted in Rhode Island<br>owner and lessor and rehab of residential property |             |
| 5. State of Formation<br>RI                                                                                                                                                                             |  |                                                                                                                                   |             |
| 6. Principal Office Address<br>101 Broadway                                                                                                                                                             |  | City<br>Pawtucket                                                                                                                 | State<br>RI |
|                                                                                                                                                                                                         |  | Zip<br>02860                                                                                                                      |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                                   |             |
| Contact Name<br>Michael B. Forte, JR                                                                                                                                                                    |  | Contact Title                                                                                                                     |             |
| Street Address<br>2980 West Shore Road                                                                                                                                                                  |  | City<br>WARWICK                                                                                                                   | State<br>RI |
|                                                                                                                                                                                                         |  | Zip<br>02886                                                                                                                      |             |
| 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>Steven J. London                                                                                                                                                           |  | Date<br>05/01/25                                                                                                                  |             |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                                                   |             |

FILED

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MAIL TO:

Division of Business Services

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