RI SOS Filing Number: 202572690850 Date: 5/1/2025 4:00:00 PM



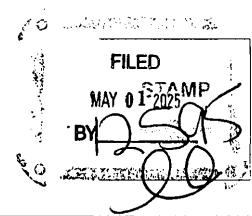
## State of Rhode Island **Department of State - Business Services Division**

## 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.



1. Entity ID Number	2 Exact name of the Limits	ad Liability Company		<del></del>	
•		2. Exact name of the Limited Liability Company			
001687001	Carp Insurance L	Carp Insurance LLC			
3. NAICS Code	4. Brief description of the c	Brief description of the character of business conducted in Rhode Island     Ownership and Development of Real Estate			
531110	Ownership and Dev				
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
1414 Atwood Avenue		Johnston	RI	02919	
7. Mailing Address of Limite	ed Liability Company and Name o	r Title of Contact Person			
Contact Name Kelly Coates		Contact Title Authorized Trustee			
Street Address 1414 Atwood Avenue		City Johnston	State RI	<sup>Z<sub>1</sub>p</sup> 02919	
8. The Resident Agent infor	mation currently of record with the	e RI Department of State is accu	rate. Changes requir	e filing Form 642.	
9. Under penalty of perjur statements, and that all s	y, I declare and affirm that I hav tatements contained herein are	re examined this report, includ true and correct.	ling any accompany	ying schedules and	
Name of Authorized Person			Date		
Kelly Coates			4/23/25		
Signature of Authorized Bet	1097/1/20	te		<del></del>	

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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