

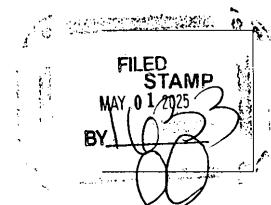
State of Rhode Island **Department of State - Business Services Division**

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 Limit	2. Exact name of the Limited Liability Company			
000089913	U.S. Developmer	U.S. Development II L.L.C.			
3. NAICS Code 531110	,	Brief description of the character of business conducted in Rhode Island Ownership and Development of Real Estate			
5 State of Formation					
6. Principal Office Address		City	State	Zip	
1414 Atwood Avenue		Johnston	RI	02919	
7. Mailing Address of Limite	d 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	^{Zip} 02919	
8. The Resident Agent infor	mation currently of record with th	e RI Department of State is accu	rate. Changes require	e filing Form 642.	
9. Under penalty of perjur statements, and that all st	y, I declare and affirm that I ha atements contained herein are	ve examined this report, include true and correct.	ding any accompany	ring schedules and	
Name of Authorized Person			Date , ,		
Kelly Coates			4/2	2 3 /25	
Signature of Authorized Per	son Melly &	Alle .			

MAIL TO:

Division of Business Services

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

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