RI SOS Filing Number: 202572726900 Date: 5/5/2025 4:00:00 PM

| | State of Rhode Island |
|------|---|
| (89) | State of Rhode Island Department of State - Business Services Division |

Annual Report for the year: 2025 **Limited Liability Company**

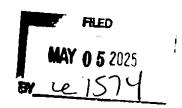
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

| RECEIVE R.I. DEPT. OF BUS SKILLDER |
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| 7075 MAY -5 BUS C |

| > Ferrally: Additional 32 | 5.00 fee if form is not filed by May 3 |) 1 , | 2025 MAY | , P ₅₂ | |
|---|--|---------------------------|------------------------|----------------------------|--|
| 1. Entity ID Number 000159263 | 2. Exact name of the Limited Liability Company S & S ASSOCIATES,LLC | | | REI DEP BUS | |
| 3. NAICS Code 531110 | Brief description of the character of business conducted in Rental Real Estate | | | E OF SO | |
| 5. State of Formation RI | | | ~a | garantan Ramanan mereka | |
| 6 Principal Office Address 22 Patricia Ann Drive | 2 | City Bristol | State RI | Z _{IP} 02809 f | |
| 7. Mailing Address of Limite | d Liability Company and Name or Title | e of Contact Person | | | |
| Contact Name Manuel Sa | 1 | Contact Title Member | | | |
| Street Address 22 Patricia | a Ann Drive | City Bristol | State RI | ^{Zıp} 02809 | |
| 8. The Resident Agent infor | mation currently of record with the RI | Department of State is ac | curate Changes require | filing Form 642. | |
| | l declare and affirm that I have example tatements contained herein are true | | ding any accompanying | g schedules and | |
| Name of Authorized Person | Date | Date | | | |
| Manuel Sa | | 4-2 | 4-26-25 | | |
| Signature of Authorized Per | resch | - · - · · · | | | |



MAIL TO:

Division of Business Services 148 W. River Street. Providence, Rhode Island 02904-2615

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