RI SOS Filing Number: 202572668840 Date: 5/6/2025 9:32:00 AM

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

-2005

→ 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	2. Exact name of the Limited Liability Company				
001001480		Management, L			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
53110	Real Estak				
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
624 ROCKY Hill	Rd	north Smithfield	RI	02896	
7. Mailing Address of Limited Lie	bility Company and Name or Title	of Contact Person			
Contact Name					
Melissa Cote	<u> </u>				
Street Address 624 POULY Hill	Rd	north smithfeld	State	02896	
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	clissa Cute		5/6/2	25	
Signature of Authorized Person MUSTO LOTE					

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MAIL TO:

Division of Business Services

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

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