

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

STAMP

Annual Report for the year:

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.

2025

RECEIVED FOR R.I. DEPT. OF STURE OFFICE BUS SYOS CL.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
000790647	EXTENSION PROPERTIES, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531120	Rental of real prop	Rental of real property.			
5. State of Formation					
Rhode Island			•		
6. Principal Office Address	·	City	State	Zip	
15 Extension 184		Ashaway	RI	02804	
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person			
Contact Name		Contact Title			
Nancy E. Greene		Manager			
PO Box 189, 15 Ext 184		City Ashaway	State RI	^{Zip} 02804	
8. The Resident Agent infor	mation currently of record with	the RI Department of State is accu	rate. Changes <u>requir</u>	e filing Form 642.	
	y, I declare and affirm that I I atements contained herein a	nave examined this report, includer the true and correct.	ling any accompan	ying schedules and	
Name of Authorized Person			Date		
Nancy E. Greene			04/29/2025		
Signature of Authorized Per	1				

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MAIL TO:

Division of Business Services

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