



State of Rhode Island
Department of State - Business Services Division

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BUS. SERVICES DIVISION
2025 MAY -8
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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 000540885		2. Exact name of the Limited Liability Company 987 North Main Street, LLC	
3. NAICS Code 53110		4. Brief description of the character of business conducted in Rhode Island Real Estate.	
5. State of Formation RI			
6. Principal Office Address 10463 Casella Way, #202		City Fort Myers	State FL
Zip 33913			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Lillian LaRocco		Contact Title Member	
Street Address 10463 Casella Way, #202		City Fort Myers	State FL
Zip 33913			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642			
9. <i>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.</i>			
Name of Authorized Person Lillian LaRocco		Date 4/5/2025	
Signature of Authorized Person <i>Lillian LaRocco by Mary A. Bravelli</i> <i>Attorney-in-Fact</i>			

FILED

MAY 08 2025
BY 15391
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MAIL TO:
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