

## State of Rhode Island

## **Department of State - Business Services Division**

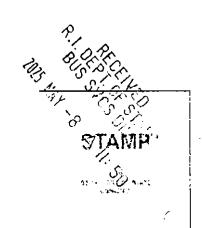
Annual	Report fo	or the year:
Limited	Liability	Company

2025

→ 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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Entity ID Number	2 Exact name of the Limited Liability Company					
000540885	987 North Main Street, LLC					
3 NAICS Code	Brief description of the character of business conducted in Rhode Island					
531110	Real Estate.					
5. State of Formation						
RI						
6. Principal Office Address		City	State	Zip		
10463 Casella Way, #202		Fort Myers	FL	33913		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Lillian LaRocco		Contact Tille Member				
Street Address 10463 Casella Way, #202		City Fort Myers	State FL	<sup>Zip</sup> 33913		
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 Date /						
Lillian LaRocco $4/5/2$			2025			
Signature of Authorized Person Lillian La Rocco by May a Branelli						
attorney-in Fact						

FILED

MAY 0 8 2025

BY 5391

MAIL TO:

**Division of Business Services** 

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

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