

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.

1. Entity ID Number	2.5-4				
,	2. Exact name of the Limited Liability Company				
1703075	Ninigret Acres LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531120	To own, sell, lease and manage real property				
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
3964 South County Trail		Charlestown	RI	02813	
7 Mailing Address of Limited	Liability Company and Name o	or Title of Contact Person	·		
Contact Name Lynn G. Sweet		Contact Title Member			
Street Address 3964 South County Trail		City Charlestown	State RI	^{Z_{IP}} 02813	
8. The Resident Agent informa	ation currently of record with th	e RI Department of State is accurat	te. Changes require	e filing Form 642.	
	l declare and affirm that I ha ements contained herein are	ve examined this report, including true and correct.	g any accompany	ing schedules and	
Name of Authorized Person			Date	Date /	
Lynn G. Sweet			4/19/28		
Signature of Authorized Person	on Self				

FILED

MAY 08 2025

MAIL TO:

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

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

 $\ddot{\sim}$