

Annual Report for 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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REC'D RIDOS BSD 8 MAY 9 HX 10:50:15	STAMP

Entity ID Number	2. Exact name of the Limited Liability Company				
000135155	David Ryan Family Associates, LLC				
3. NAICS Code 551112 5. State of Formation Rhode Island	Brief description of the character of business conducted in Rhode Island To acquire, lease, sell, mortgage, remortgage and to operate and manage real and personal property and entities owning such property				
6. Principal Office Address	<u> </u>	City	State	Zip	
588 Pawtucket Avenue		Pawtucket	RI	02860	
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person			
Contact Name Michael Bigney		Contact Title Member			
Street Address 588 Pawtucket Avenue		^{City} Pawtucket	State RI	^{Zip} 02860	
8. The Resident Agent information	on currently of record with the RI D	Department of State is accurate	. Changes require	e filing Form 642.	
	eclare and affirm that I have exa nents contained herein are true		any accompany	ring schedules and	
Name of Authorized Person	ame of Authorized Person			Date	
Michael Bigney		4/29/2025			
Signature of Authorized Person					

FILED

MAY U 9 2025

BY 30631

MAIL TO:

Division of Business Services

148 W. Piver Street, Providence, Phodo Island C

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

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