RI SOS Filing Number: 202572874070 Date: 5/8/2025 4:58:00 PM

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

Annual Report for the year: 2024 Corporation

→ 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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1 Entity ID Number	2 Exact name of	2 Exact name of the Corporation								
000188532	MERMAIDS	REA	AL ESTATE	LLC						
Principal Office Address	1 1111111111111111111111111111111111111	, 1(1)1	10 0011111	City			State	Zip		
254 THAMES STRE	тŢ			NEWPO	יויאָר		RI	02840		
4 NAICS Code		on of the	e character of bus	siness conducted in Rhode Island						
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5 State of Incorporation	1									
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RI	REAL EST	Aib			05-	1. 46	4- 1-4			
7 List ALL officers (names and addresses)				Check the box to indicate an attachment						
President Name				Vice-President Name						
·-	JOHN DEWITT									
Street Address				Street Address						
254 THAMES STRE	I	_		10.		In.	·····	<b>-</b>		
City	State	Zip		City		State		Zip		
NEWPORT	RI	028	34()	+		1		<del></del>		
Secretary Name	Secretary Name				Name					
0. 144										
Street Address				Street Add	ress					
	Ta					I o	T	7 .		
City	State	Zıp		City		State		Zıp		
						<u> </u>				
List ALL directors (names and	l addresses)			Check the box to indicate an attachment						
Director Name				Director Na	ame					
				Street Address						
Street Address										
	Ta	_		<u> </u>		T		<del>-</del>		
City	State	Zıp		City		State		Zıp		
Director Name				Director Na	ame					
Charak Address				C11 A 44						
Street Address				Street Address						
	Touris	<b>-</b> .		10.				7:-		
City	State	Zıp		City		State		Zip		
<b>9</b> 91 <b>4</b> 11		1		1						
) <del>-</del> :						the box to indicate an attachment				
This information is currently of Department of State.	record in the		NUMBER OF S	HARES	CLASS/SERI	RIES		PAR VALUE		
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Changes require an additional	tiling.									
11. This report must be executed	on behalf of the co	rporatio	n by an authorize	d representa	tive If the corporation	is in the ha	ands of a	re-		
ceiver or trustee, this report mus										
Under penalty of perjury, I of						accompa	nying s	chedules and		
Name of Authorized Representative				io correct.	EILED	Īr	Date			
John miswitt						٦				
Signature of Authorized Represe	•			MΔ	Y 0 8 2025		···			
JOHN DEWITT	mative			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2					
			<del></del>	<del>(</del>	<del>17 Fx -</del>					
MAIL TO:				BY	<u> </u>					
Division of Business Services	_			451	l b	<b>人</b>				
148 W. River Street, Providence,	Rhode Island 0290	4-2615		・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	, ,	ノ				

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

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