RI SOS Filing Number: 202572875220 Date: 5/8/2025 4:55:00 PM

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

Annual Report for the year: 2021 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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Entity ID Number	2 Exact name of	2 Exact name of the Corporation									
000188532	MERMAIDS	S RE	AL ESTATE	LLC							
3 Principal Office Address				City			State	Zıp			
•	254 THAMES STREET			1 '	EWPORT _			02840			
4. NAICS Code	Ţ	NEWPORT RT 02840 6 Brief description of the character of business conducted in Rhode Island									
531390											
State of Incorporation	1										
RI	REAL EST	חתעו									
7. List ALL officers (names and		INIL			Che	ck the box t	to indicat	te an attachment			
President Name				Vice-President Name							
JOHN DEWITT											
Street Address				Street Address							
254 THAMES STREET											
City	State	Zip		City		State	7	Zip			
NEWPORT	RI		840	",							
Secretary Name	RJ 02840			Treasurer Name							
Secretary Name				Treasurer Name							
Street Address			<u> </u>	Street Address							
City	State	Zip		City		State	7	Zip			
	<u></u>					<u> </u>		<u> </u>			
8 List ALL directors (names and	l addresses)			Ţ.	Che	ck the box t	to indicat	te an attachment			
Director Name				Director Name							
Street Address				Street Address							
City	State	Zip	-	City		State		Zip			
Director Name				Director Name							
Street Address				Street Address							
	· -	+				Τ					
City	State	Zip		City		State	4	Zip			
9. Shares Authorized 10. Sha). Shares Issued	Ssued Check the box to indicate an attachment								
This information is currently of record in the			NUMBER OF SHARES		CLASS/SERI	CLASS/SERIES		PAR VA: UF			
Department of State. Changes require an additional filing.				-			<u> </u>				
11. This report must be executed		20000011	aa bu aa authar	d roprososts	tive If the corneration	ie in the hea	ode of a r				
ceiver or trustee, this report must						is in the han	105 01 8 1	_ 			
Under penalty of perjury, I statements, and that all sta	declare and affi tements contai	rm tha	t I have examin erein are true an	ed this rep d correct.	oort, in ëlled ing any i	accompan	nying s	chedules and			
Name of Authorized Representative Date											
10hn m Del vitt MAX 0 8 2025											
Signature of Authorized Represe			•		JUITY	<u> </u>					
JOHN DEWITT				BY	UTITX						
MAIL TO:				jir	20	100		_			
Division of Business Services				45	7 5	\mathcal{L}					
CITION OF COSINGOS CONTICOS						_					

Division of Business Services

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

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