RI SOS Filing Number: 202573030790 Date: 5/13/2025 4:00:00 PM



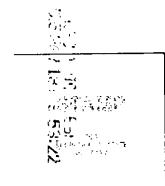
## State of Rhode Island Department of State - Business Services Division

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. Exact name of the Limited Liability Company  |  |                  |                      |  |
|---|---|--|------------------|----------------------|--|
| 001683761   | Cloud Nine Homes, LLC   |  |                  |                      |  |
| 3. NAICS Code<br>531110                                       | Brief description of the character of business conducted in Rhode Island     own and manage real estate |  |                  |                      |  |
| 5. State of Formation Rhode Island                            |   |  |                  |                      |  |
| 6. Principal Office Address                                   |   | City   | State            | Zip                  |  |
| 264 Irving Avenue   |   | Providence                                   | RI               | 02906                |  |
| 7. Mailing Address of Limited Li                              | ability Company and Name or Tit   | le of Contact Person                         |                  |                      |  |
| Contact Name<br>Maureen P. Johnson                            |   | Contact Title                                |                  |                      |  |
| Street Address 264 Irving Avenue                              |   | City Providence                              | State RI         | <sup>Zip</sup> 02906 |  |
|   | ion currently of record with the R  |  |                  |                      |  |
| 9. Under penalty of perjury, I statements, and that all state | deciare and affirm that I have e<br>ments contained herein are tru                                      | examined this report, including and correct. | ng any accompany | ying schedules and   |  |
| Name of Authorized Person                                     |   |  | Date             |                      |  |
| Maureen P. Johnson  |   |  | 5/9/25           |                      |  |
| Signature of Authorized Person                                | u   |  |                  |                      |  |

MAIL TO:

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

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