

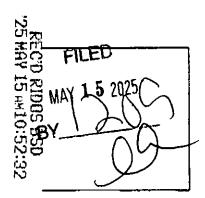
State of Rhode Island Department of State - Business Services Division

Annual Report for the year:
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 001675046	2. Exact name of the Limited Liability Company FIVE TWENTY FIVE, LLC				
3. NAICS Code 789331	4. Brief description of the character of business conducted in Rhode Island Real Estate ownership and management				
5. State of Formation RI		• .			
6. Principal Office Address		City	State	Zip	
1239 Hartford Avenue, Sute 1		Johnston	RI	02919	
7. Mailing Address of Limited	Liability Company and Name or	Title of Contact Person			
Contact Name Albert J. Marano		Contact Title			
Street Address 1239 Hartford Avenue, Suite 1		City	State RI	^{Zip} 02919	
8. The Resident Agent inform	ation currently of record with the	RI Department of State is accu	ırate. Changes requir	e filing Form 642.	
9. Under penalty of perjury, statements, and that all sta	I declare and affirm that I hav tements contained herein are	e examined this report, include true and correct.	ding any accompany	ying schedules and	
Name of Authorized Person			Date		
Albert J. Marano				4/30/25	
Signature of Authorized Person	on Alaman			77 - 7	

MAIL TO:

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