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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.

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STAMP STAMP

1. Entity ID Number	2. Exact name of the Limited Liability Company				
001704563	REMLA, LLC				
3. NAICS Code 531311 5. State of Formation	· ·	Brief description of the character of business conducted in Rhode Island Management of Real Estate.			
6. Principal Office Address	<u> </u>	City	State	Zip	
19 Nrth Avenue		Providence	RI	02906	
7. Mailing Address of Limit	ed Liability Company and Name or	Title of Contact Person			
Contact Name Elizabeth A. Cuzzone		Contact Title Member			
Street Address 19 North Avenue		City Providence	State RI	^{Zip} 02906	
8. The Resident Agent info	rmation currently of record with the	RI Department of State is accur	ate. Changes requir	e filing Form 642.	
	ry, I declare and affirm that I hav statements contained herein are		ing any accompany	ying schedules and	
Name of Authorized Person			Date		
Elizabeth A. Cuzzon	ie ,		Muy 10, 2005		
Signature of Authorized Pe	erson		Ű		

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 2 0 2025 BY 9 Keg