

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

STAMP

Annual Report for the year: **Limited Liability Company**

2025

→ Filing period: February 1 - May 1

\rightarrow	Filing Fee: \$50,00	
\rightarrow	Penalty: Additional \$25.00 fee if form is not filed by I	May 31.

FOR SECRETARY OF STATE USE ONLY

1, Entity ID Number	2. Exact name of the Limited	2. Exact name of the Limited Liability Company				
001683252	Adelaide Investments, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531390	To acquire, own, mar	nage, develop, and lease	real estate.			
5. State of Formation	7					
RI						
6. Principal Office Address		City	State	Zip		
6 Adelaide Avenue		North Providence	RI	02911		
7. Mailing Address of Limited L	iability Company and Name or T	îtle of Contact Person	*			
Contact Name		Contact Title				
Dorella Cambio						
Street Address		City	State	Zip		
6 Adelaide Avenue		North Providence	RI	02911		
8. The Resident Agent informa	tion currently of record with the f	RI Department of State is accurate	e. Changes requ	ire filing Form 642.		
	declare and affirm that I have ements contained herein are tr	examined this report, including ue and correct.	апу ассотран	nying schedules and		
Name of Authorized Person		Date May 15, 2025				
Dorella Cambio				,		
Sj gnatura ஓட் புthorized Person						
Dorella Cambio						

MAY 2 2 2025

MAIL TO:

Division of Business Services

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

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