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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2025

→ 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			
001782614	Flatsam LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island Activities related to real estate			
531390				
5. State of Formation-				
RI				
6. Principal Office Address		City	State	Zip
18 Imperial Place Unit 4B		Providence	RI	02903
7. Mailing Address of Limited	Liability Company and Name	or Title of Contact Person		
Contact Name Jeffrey Zack		Contact Title Member		
Street Address 18 Imperial Place Unit 4B		City Providence	State	^{Zip} 02903
8. The Resident Agent inform	ation currently of record with t	the RI Department of State is accur	ate. Changes requir	e filing Form 642.
Under penalty of perjury, statements, and that all sta	I declare and affirm that I hat tements contained herein a	ave examined this report, includi re true and correct.	ng any accompany	ring schedules and
Name of Authorized Person			Date / /	
Jeffrey Zack	<u> </u>		5/15/25	
Signature of Authorized Person	on		· · · · · · · · · · · · · · · · · · ·	
1/ /				

MAIL TO:

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

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

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