

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 1045 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.

Entity ID Number	2. Exact name of the Limited Liability Company			
000941879	NORTH TUPELODEWE, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531390	SELLIANS, RENTING, OPERATING AND			
5. State of Formation	MANAGING REAL ESTATE			
RHODE ISLAND				
6. Principal Office Address		City	State	Zip
222 WILSON AVENUE		RUMFORD	RI	02916
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name MARY G.P. SMALL		Contact Title RESCIDENT	AGENT	
Street Address 132 WILSON AUENLIE		City RUMFOUZD	State RI	02916
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.				
Name of Authorized Person MARY 6. P SMALL			Date 2 - 2 - 2025	
Signature of Aythorized Person Meee V.T. Sue				

FILED

FEB 07 2025

MAIL TO:

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