

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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1. Entity ID Number	2. Exact name of the Limited Liability Company				
001742742	134 Rogers LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531190	Real Estate				
5. State of Formation	7				
Rhode Island					
6. Principal Office Address	<u> </u>	City	State	Zip	
22 Mallard Cove Way		Barrington	RI	02806	
7. Mailing Address of Limited L	iability Company and Name or Title	e of Contact Person	<u> </u>	<u> </u>	
Contact Name Ruba Gabro		Contact Title Member			
Street Address 22 Mallard Cove Way		City Barrington	State RI	^{Zip} 02806	
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		Date			
Ruba Gabro			5/28/2025		
Signature of Authorized Person	h				

FILED

MAY 2 8 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