



State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year: 2025

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.

|                                                                                                                                                                                                         |  |                                                                                            |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------|-------------|
| 1. Entity ID Number<br>001731162                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br>14 Baron LLC                             |             |
| 3. NAICS Code<br>531190                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>Real Estate |             |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                   |  |                                                                                            |             |
| 6. Principal Office Address<br>22 Mallard Cove Way                                                                                                                                                      |  | City<br>Barrington                                                                         | State<br>RI |
|                                                                                                                                                                                                         |  | Zip<br>02806                                                                               |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                            |             |
| Contact Name<br>Ruba Gabro                                                                                                                                                                              |  | Contact Title<br>Member                                                                    |             |
| Street Address<br>22 Mallard Cove Way                                                                                                                                                                   |  | City<br>Barrington                                                                         | State<br>RI |
|                                                                                                                                                                                                         |  | Zip<br>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<br>Ruba Gabro                                                                                                                                                                 |  | Date<br>05/25/2025                                                                         |             |
| Signature of Authorized Person<br><i>Ruba Gabro</i>                                                                                                                                                     |  |                                                                                            |             |

FILED

MAY 28 2025

BY

*39092*

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MAIL TO:

Division of Business Services

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