

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.

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2025 JUN - 2 P 4: 12

1. Entity ID Number 001673144	2. Exact name of the Limited Liability Company 29 HILLSIDE, LLC  4. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
3. NAICS Code 531110				
5. State of Formation RHODE ISLAND				
6. Principal Office Address 189 POCASSET AVENUE		City PROVIDENCE	State RI	Zip 02909
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person		
Contact Name ARIEL MELGAR		Contact Title MEMBER		
Street Address 29 HILLSIDE AVENUE		City JOHNSTON	State RI	<sup>Zip</sup> 02919
8. The Resident Agent infor	mation currently of record with t	he RI Department of State is accura	ate. Changes requir	e filing Form 642.
Under penalty of perjury,	l declare and affirm that I have tatements contained herein ai	e examined this report, including	any accompanyin	g schedules and
Name of Authorized Person ARIEL MELGAR		Date 12/26/2024		024
Signature of Authorized Per	rson			

MAIL TO:

Division of Business Services

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

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