

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

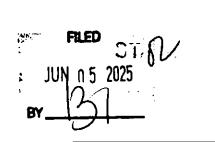
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2025

-> 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				
1767889	Empress Estates LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531110	Real Estate Holding				
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
183 Wood Street		Bristol	RI	02809	
7. Mailing Address of Limited	d Liability Company and Name or	Title of Contact Person	· · · · · · · · · · · · · · · · · · ·		
Contact Name Barbara Fleuraguste		Contact Title Manager			
Street Address 3 Deer Path, Unit 3		City Maynard	State MA	^{Zip} 02754	
8. The Resident Agent inform	mation currently of record with the	RI Department of State is accu	urate. Changes require	filing Form 642.	
	y, I declare and affirm that I have atements contained herein are to		ding any accompany	ing schedules and	
Name of Authorized Person			Date C C C		
Barbara Fleuraguste			5/5/25		
Signature of Authorized Pen	spu de la companya de		•		

Division of Business Services

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