

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Limited Liability Company

2024

→ 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 Event name of the Limite	d Liability Company			
*	2. Exact name of the Limited Liability Company				
001728103	ABG PROPERTIES LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
53mo	REAL ESTATE, RENT AND BUY HOUSE				
5. State of Formation					
RHODE ISLAND					
6. Principal Office Address	I	City	State	Zip	
11 ESTATE DRIVE		EXETER	RI	02822	
7. Mailing Address of Limited I	Liability Company and Name or	Title of Contact Person		•	
Contact Name ABRAHAM MONTUFAR		Contact Tille OWNER			
Street Address 11 ESTATE DRIVE		City EXETER	State RI	^{Z_{IP}} 02822	
8. The Resident Agent informa	ation currently of record with the	RI Department of State is acc	urate. Changes require	e filing Form 642.	
	I declare and affirm that I have ements contained herein are		ding any accompany	ring schedules and	
Name of Authorized Person			Date	Date	
ABRAHAM MONTUFAR			6/9/2025		
Signature of Authorized Person	2				

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MAIL TO:

Division of Business Services

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