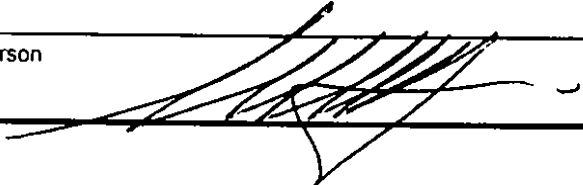




State of Rhode Island  
Department of State - Business Services Division

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><b>504872</b>                                                                                                                                                                    |  | 2. Exact name of the Limited Liability Company<br><b>FAITH REALTY II, LLC</b>                                                                                                  |                        |                     |
| 3. NAICS Code<br><b>531120</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Own, sell, manage, lease and operate real estate and any other lawful business activity.</b> |                        |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                            |  |                                                                                                                                                                                |                        |                     |
| 6. Principal Office Address<br><b>30 Martin Street, Suite 3C</b>                                                                                                                                        |  | City<br><b>Cumberland</b>                                                                                                                                                      | State<br><b>RI</b>     | Zip<br><b>02864</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                                                                                |                        |                     |
| Contact Name<br><b>Jason P. Macari</b>                                                                                                                                                                  |  | Contact Title<br><b>Manager</b>                                                                                                                                                |                        |                     |
| Street Address<br><b>3100 Diamond Hill Road</b>                                                                                                                                                         |  | City<br><b>Cumberland</b>                                                                                                                                                      | State<br><b>RI</b>     | Zip<br><b>02864</b> |
| 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><b>Jason P. Macari</b>                                                                                                                                                     |  |                                                                                                                                                                                | Date<br><b>3.21.25</b> |                     |
| Signature of Authorized Person<br>                                                                                   |  |                                                                                                                                                                                |                        |                     |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
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BY 10018 