RI SOS Filing Number: 202576553070 Date: 7/2/2025 4:00:00 PM

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State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: **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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1. Entity ID Number	2. Exact name of the Limited Lia	^	٠٠) ١	2 A 10		
00/659276	27 ALDEN	Ave. Propertie	SILLC	2 A 10:46		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531110	Real estate investment, management,					
5. State of Formation	conversity rentals, Buying Selling and					
Rhode ISLAND	related transactions					
6. Principal Office Address	•	City	State	Zip		
32 LANGASH	ire Drive	mansfreld	MA	02048		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title				
PAULA deCaro	-cophen	manager				
Street Address	λ	City	State	Zip 2048		
32 LANCASH	the Brive	mausfield	MH	02040		
8. The Resident Agent information	on currently of record with the RI D		hanges require fi	ling 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	_		Date /			
PAULA deClaro-Copley		6/30/35				
Signature of Authorized Person August District Company August Distric						

MAIL TO:

Division of Business Services

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

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

