

**State of Rhode Island
Office of the Secretary of State****Fee: \$50.00**Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Limited Liability Partnership
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-12.1-913(e), each partnership failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-12.1-913(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025**1. ID No.** 001775750**2. Exact Name of the Partnership** Kuth Ranieri Architects, LLP**3. State of Formation**State: CA**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541310**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**ARCHITECTURAL PROJECT**5. Principal Office Address**No. and Street: 725 GREENWICH STREET
SUITE 300City or Town: SAN FRANCISCO State: CA Zip: 94133 Country: USA**6. The name and business address of one or more partner(s):**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
NONE GIVEN - P	ELIZABETH RANIERI	725 GREENWICH STREET, SUITE 300 SAN FRANCISCO, CA 94133 USA

NONE GIVEN - P

BYRON KUTH

725 GREENWICH STREET, SUITE 300
SAN FRANCISCO, CA 94133 USA

7. This report must be executed by an Authorized Representative pursuant to R.I.G.L. 7-12.1.

Signed this 15 Day of July, 2025 at 5:24:12 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-12.1*

By SILVIA STOCCO

Signature of Authorized Person

Form No. 643
Revised 10/23

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