

## 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.

| 75 JL 21 P 2 51 |
|-----------------|

| 1. Entity ID Number   | 2. Exact name of the Limited Liability Company   |                     |             |                      |  |
|---|--|---------------------|-------------|----------------------|--|
| 1729501   | Prosper Sound LLC  |                     |             |                      |  |
| 3. NAICS Code<br>531312<br>5. State of Formation  | Brief description of the character of business conducted in Rhode Island     Property management |                     |             |                      |  |
| Rhode Island  |  |                     |             |                      |  |
| 6. Principal Office Address   | . <u> </u>   | City                | State       | Zip                  |  |
| 90 Cedar Hill Dr.   |  | Jamestown           | RI          | 02835                |  |
| 7. Mailing Address of Limited Lia   | ability Company and Name or Title  | e of Contact Person | *           | <u> </u>             |  |
| Contact Name Amy Paxton   |  | Contact Title Owner |             |                      |  |
| Street Address 90 Cedar Hill Dr.  |  | City Jamestown      | State RHOCE | <sup>Zip</sup> 02835 |  |
| 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   |  |                     | Date        |                      |  |
| Amy Paxton  |  |                     | 7/15/25     |                      |  |
| Signature of Authorized Person  Amy 14.   | Parton   |                     |             |                      |  |

RI DOS MADE NON-SUBSTANTIVE EDITS

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BY 93391J

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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