RI SOS Filing Number: 202577180860 Date: 7/25/2025 2:38:00 PM



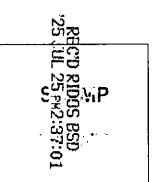
## State of Rhode Island Department of State - Business Services Division

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  | 2. Exact name of the Limited Liability Company |                                 |             |                      |
|---|--|---------------------------------|-------------|----------------------|
| 001764448   | Florence Rhode Island LLC                      |                                 |             |                      |
| 3. NAICS Code 531311 5. State of Formation Rhade Island   | 4 Brief description of the character Property  | cter of business conducted in R | hode Island |                      |
| 6. Principal Office Address   | · · · · · · · · · · · · · · · · · · ·          | City                            | State       | Zip                  |
| 5115 Spring Oak Ln  |  | Ellicott City                   | MD          | 21043                |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |                                 |             |                      |
| Contact Name<br>Sheikh Rahman   |  | Contact Title Manager           |             |                      |
| Street Address 5115 Spring Oaks Ln  |  | City Ellicott City              | State MD    | <sup>Zıp</sup> 21043 |
| 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        |                      |
| Tupa Rahman   |  |                                 | 7/22/25     |                      |
| Signature of Authorized Person. Tupa Chen Rahee   |  |                                 |             |                      |

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MAIL TO:

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

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