



State of Rhode Island
Department of State - Business Services Division

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

MAIL TO:

Division of Business Services

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

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BY BK PDM