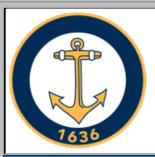
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State of Rhode Island Office of the Secretary of State

No Fee

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Domestic Limited Liability Company Annual Report - Amended

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2025

- **1. ID No.** 001736425
- 2. Exact Name of the Limited Liability Company Able Financial Services, LLC
- 3. State of Formation

State: RI

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.

999999

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

REAL ESTATE INVESTMENT AND FRANCHISE CONSULTING

5. Principal Office Address

No. and Street: 250 SOUTH COUNTY TRAIL

SUITE 2

City or Town: <u>EXETER</u> State: <u>RI</u> Zip: <u>02822</u> Country: <u>USA</u>

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: CHRISTOPHER JOHNSON Contact Title: OWNER

No. and Street: PO BOX 625

SUITE 2

City or Town: EXETER State: RI Zip: 02822 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CHRISTOPHER FRANKLIN 15 COWESETT ROAD WARWICK, RI 02886

Signed this 5 Day of August, 2025 at 1:17:36 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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By **CHRISTOPHER JOHNSON**

Signature of Authorized Person

Form No. 632 Revised 09/07

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

August 05, 2025 01:16 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

