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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.

G.I. DEPT. OF STATE	1
2025 AUG 15 A 10:3	

1. Entity ID Number 00507166	2. Exact name of the Limited Liability Company La Farfalla LLC 4. Brief description of the character of business conducted in Rhode Island Single family home rental				
3 NAICS Code 531110					
5 State of Formation RI					
6. Principal Office Address 143 East 29th St. #2		City NY	State NY	Zip 10016	
7 Mailing Address of Limite	ed Liability Company and Name or Ti	tle of Contact Person			
Contact Name Roberta Facinelli		Contact Title Manager			
Street Address 420 Fairway Drive		City New Orleans	StateLA	^{Zip} 70124	
8. The Resident Agent info	mation currently of record with the R	I Department of State is accura	te. Changes require	e filing Form 642.	
9. Under penalty of perju	y, I declare and affirm that I have (examined this report, includin			
Name of Authorized Person Roberta Facinelli			Date 8/8/2025		
Signature of Authorized De	rson		·		

MAIL TO:

Division of Business Services

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

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