



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
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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<br><u>00177309</u>                                                                                                                                                                  | 2. Exact name of the Limited Liability Company<br><u>AL USRA LLC</u>                              |                    |                         |
| 3. NAICS Code<br><u>531390</u>                                                                                                                                                                          | 4. Brief description of the character of business conducted in Rhode Island<br><u>Real Estate</u> |                    |                         |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                      |                                                                                                   |                    |                         |
| 6. Principal Office Address<br><u>628 Dyer Ave</u>                                                                                                                                                      | City<br><u>Cranston</u>                                                                           | State<br><u>RI</u> | Zip<br><u>02920</u>     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |                                                                                                   |                    |                         |
| Contact Name<br><u>Jonathan Cabe</u>                                                                                                                                                                    | Contact Title<br><u>CEO</u>                                                                       |                    |                         |
| Street Address<br><u>221 Dora St</u>                                                                                                                                                                    | City<br><u>Providence</u>                                                                         | State<br><u>RI</u> | Zip<br><u>02909</u>     |
| 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<br><u>Jonathan Cabe</u>                                                                                                                                                       |                                                                                                   |                    | Date<br><u>09/10/25</u> |
| Signature of Authorized Person<br><u>[Signature]</u>                                                                                                                                                    |                                                                                                   |                    |                         |

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BY N5XPO

MAIL TO:

Division of Business Services  
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