

## 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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company						
001717309	AL USRA LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531390	Real E	state					
5. State of Formation							
RI							
6. Principal Office Address	<u> </u>	City	State	Zip			
628 Dyer Ave		Cranston	KI	02920			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Tonosthain Caber		Corriact Title					
Street Address 221 Dora St		city providence	State	Zip 0290			
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 / /				
Traine of Administratory	ba	09/10/ <b>2</b> 5					
Signature of Authorized Person							

FILED 500 SEP 1 0 2025 ;

MAIL'TO:

**Division of Business Services** 

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

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