



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDD'S BSD  
23 SEP 22 AM 10:21:13

Annual Report for the year: 2024  
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>001288297</u>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><u>Turnkey Properties, LLC</u>                             |                    |
| 3. NAICS Code<br><u>531110</u>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>real estate properties</u> |                    |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                      |  |                                                                                                              |                    |
| 6. Principal Office Address<br><u>692 Warren Ave</u>                                                                                                                                                    |  | City<br><u>East Providence</u>                                                                               | State<br><u>RI</u> |
|                                                                                                                                                                                                         |  | Zip<br><u>02914</u>                                                                                          |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                              |                    |
| Contact Name<br><u>Carlos Rodriguez</u>                                                                                                                                                                 |  | Contact Title<br><u>Operating Partner</u>                                                                    |                    |
| Street Address<br><u>2170 Mineral Spring Ave</u>                                                                                                                                                        |  | City<br><u>North Providence</u>                                                                              | State<br><u>RI</u> |
|                                                                                                                                                                                                         |  | Zip<br><u>02911</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>Carlos Rodriguez</u>                                                                                                                                                    |  | Date<br><u>09/22/25</u>                                                                                      |                    |
| Signature of Authorized Person<br><u>CR</u>                                                                                                                                                             |  |                                                                                                              |                    |

FILED  
SEP 22 2025  
BY CDJ3J

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)