

## State of Rhode Island

## **Department of State - Business Services Division**

	2025
Annual Report for the year:	
Imited 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 Lis	bility Company					
001712582	Steve Housing LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531110							
5. State of Formation	,	1					
AI	Real	estate					
6. Principal Office Address		City	State	Zip			
282 SIMADA	sville AUR	Johnston	RI	02919			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name		Contact Title					
SHEVEN lov	ī s						
Street Address	·	City	State	21p			
232-Simmonsvi		Sohnston	RI				
B. The Resident Agent information							
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				
SHEVEN 1	0 V [3		09-2	23-2025			
Signature of Authorized Person							

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SEP 23 2025

MAIL TO:

**Division of Business Services** 

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

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