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State of Rhode Island

Department of State - Business Services Division

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	2. Exact name of the Lim	2. Exact name of the Limited Liability Company			
001659108	DelRay Properties, LLC				
3. NAICS Code 531190	Brief description of the Office	Brief description of the character of business conducted in Rhode Island Office			
5. State of Formation					
6. Principal Office Address	· · · · · · · · · · · · · · · · · · ·	City	State	Zip	
786 Oaklawn Ave		Cranston	RI	02920	
7. Mailing Address of Limit	ed Liability Company and Name	or Title of Contact Person		······	
Contact Name Carlene DelNero		Contact Title President			
Street Address 786 Oaklawn Ave		City Cranston	State RI	^{Zip} 02920	
8. The Resident Agent info	rmation currently of record with	the RI Department of State is acc	curate. Changes requ	ire filing Form 642.	
	ry, I declare and affirm that I h statements contained herein a	ave examined this report, inch re true and correct.	uding any accompar	rying schedules and	
Name of Authorized Person		Date	Date		
Name of Authorized Perso	Carlene DelNero		1-18-24		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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