

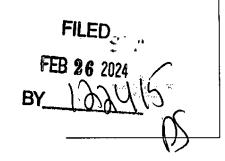
## State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: **Limited Liability Company** 

2024

→ 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 Limit	2. Exact name of the Limited Liability Company			
000799780	Northern RI Apar	Northern RI Apartments,LLC			
3. NAICS Code 531110	'	4. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE RESIDENTIAL RENTAL APARTMENTS.			
5. State of Formation RHODE ISLAND					
6. Principal Office Address		City	State	Zip	
558 SMITHFIELD AVENUE		PAWTUCKET	RI	02860	
7. Mailing Address of Limite	d Liability Company and Name o	or Title of Contact Person			
Contact Name FRANK. O. BRAGANTIN		Contact Title PRESIDENT			
Street Address 558 SMITHFIELD AVENUE		City PAWTUCKET	State RI	<sup>Zip</sup> 02860	
8. The Resident Agent infor	mation currently of record with th	ne RI Department of State is accurat	e. Changes requir	e filing Form 642.	
	y, I declare and affirm that I ha tatements contained herein are	ve examined this report, including e true and correct.	g any accompany	ing schedules and	
Name of Authorized Person			Date		
FRANK O. BRAGAN	ITIN		1/29	/zoz4	
Signature of Authorized Per	rson	· · · · · · · · · · · · · · · · · · ·	7		
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**Division of Business Services** 

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