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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.

| FILED          |
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| FILED<br>STAMP |
| FEB 28 2024    |
| BY             |
|                |
| <b>\</b> 7.0   |

| 1. Entity ID Number   | 2. Exact name of the Limited Liability Company                              |                              |             |                      |  |  |
|---|---|------------------------------|-------------|----------------------|--|--|
| · ·   |   |                              |             |                      |  |  |
| 000793297   | La Casita, LLC  |                              |             |                      |  |  |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |                              |             |                      |  |  |
| 531390  | Real Estate   |                              |             |                      |  |  |
| 5. State of Formation   |   |                              |             |                      |  |  |
| RI  |   |                              |             |                      |  |  |
| 6. Principal Office Address   |   | City                         | State       | Zip                  |  |  |
| 122 Touro Street  | 22 Touro Street   |                              | RI          | 02840                |  |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |                              |             |                      |  |  |
| Contact Name Turner C. Scott  |   | Contact Title Resident Agent |             |                      |  |  |
| Street Address 122 Touro Street   |   | City<br>Newport              | State<br>RI | <sup>Zip</sup> 02840 |  |  |
| 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  LIMBERLY PALMER  Date  02/3/2024   |   |                              |             |                      |  |  |
| Signature of Authorized Person  |   |                              |             |                      |  |  |

MAIL TO:

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

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