RI SOS Filing Number: 202448081760 Date: 3/4/2024 4:00:00 PM

ICA COLOR

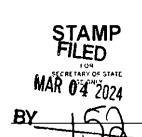
## State of Rhode Island **Department of State - Business Services Division**

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 Li	2. Exact name of the Limited Liability Company			
001681980	3 Brains, LLC  4. Brief description of the character of business conducted in Rhode Island				
3 NAICS Code					
531110	Own and manage	Own and manage real estate			
5 State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
114 West Main Road		Middletown	RI	02842	
7. Mailing Address of Limite	d Liability Company and Nam	ne or Title of Contact Person			
Contact Name Emily Roberts		Contact Title Member			
Street Address 114 West Main Road		City Middletown	State RI	<sup>710</sup> 02840 0284.	
8. The Resident Agent infor	mation currently of record with	h the RI Department of State is accu	irate. Changes requi	re filing Form 642.	
	y, I declare and affirm that I tatements contained herein	have examined this report, includance true and correct.	ling any accompan	ying schedules and	
Name of Authorized Person			Date		
Emily Roberts		2.20.24			
Signature of Authorized Per	son		•		
SALLE VOL	$\wedge$				

MAIL TO:

**Division of Business Services** 

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

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