



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

**FILED  
STAMP  
MAR 25 2024  
BY 5126  
DS**

**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 <b>001709351</b>		2. Exact name of the Limited Liability Company <b>SCOBCO ASSOCIATES LLC</b>		
3. NAICS Code <b>115310</b>		4. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE HOLDINGS.</b>		
5. State of Formation <b>RI</b>				
6. Principal Office Address <b>90 ELM STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name <b>ROBERT GAUMONT</b>		Contact Title <b>REPRESENTATIVE</b>		
Street Address <b>90 ELM STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. <i>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.</i>				
Name of Authorized Person <b>ROBERT GAUMONT</b>			Date	
Signature of Authorized Person 				

**MAIL TO:**  
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