RI SOS Filing Number: 202449431870 Date: 3/25/2024 4:00:00 PM



State of Rhode Island Department of State

Department of State - Business Services Division

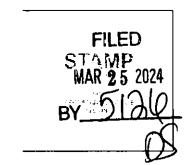
Annual Report for the year: Limited Liability Company

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



Entity ID Number	2. Exact name of the Limited Liability Company			
001709351	SCOBCO ASSOCIATES LLC			
3. NAICS Code 1 1 5 1 0 5. State of Formation RI	4. Brief description of the character of business conducted in Rhode Island REAL ESTATE HOLDINGS.			
6. Principal Office Address		City	State	Zip
90 ELM STREET		PROVIDENCE	RI	02903
7. Mailing Address of Limited Li	ability Company and Name or T	tle of Contact Person		
Contact Name ROBERT GAUMONT		Contact Title REPRESENTATIVE		
Street Address 90 ELM STREET		City PROVIDENCE	State RI	^{Zip} 02903
8. The Resident Agent informat	ion currently of record with the R	RI Department of State is accurate.	. Changes requir	e filing Form 642.
	declare and affirm that I have ments contained herein are tr	examined this report, including ue and correct.	any accompany	ring schedules and
Name of Authorized Person			Date	
ROBERT GAUMONT			1	
Signature of Authorized Person	North		1	

MAIL TO:

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

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