Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503) 986-2200
FAX: (503) 378-4381
sos.oregon.gov/business

2026 ANNUAL REPORT

Registry Number: 248429490
Date of Organization: 10/28/2025
Fee: $100
Due Date: 10/28/2026
Type: DOMESTIC LIMITED LIABILITY COMPANY

001273
1925 COMMERCIAL, LLC
1925 COMMERCIAL ST SE
SALEM OR 97302

FILED: OCT 6, 2026
OREGON SECRETARY OF STATE
248429490-32457216
1925 COMMERCIAL, LLC **RENANA**

Name of Domestic Limited Liability Company
1925 COMMERCIAL, LLC
Jurisdiction: OREGON

The following information is required by statute. Please complete the information below. If any of the information is incorrect, you can make changes on this form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

Registered Agent
MATTHEW ROSS
1925 COMMERCIAL ST SE
SALEM, OR 97302

If the Registered Agent has changed, the new agent has consented to the appointment. Oregon street address required.

1) Type of Business REAL ESTATE

2) Principal Place of Business (Address,city,state,zip)
1925 COMMERCIAL ST SE
SALEM, OR 97302

3) Mailing Address (Address,city,state,zip)
1925 COMMERCIAL ST SE
SALEM, OR 97302

4) ☑ **Member** or ☐ Manager (Name & Address)
MATTHEW ROSS
1925 COMMERCIAL ST SE
SALEM, OR 97302

5) ☐ Member or ☐ Manager (Name & Address)
_____
_____
_____

Execution: I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

6) Signature _____ **7) Printed Name** Matthew Ross

8) Date 9/16/26 **9) Phone Number** 503 363 6892

Make check payable to "Corporation Division" and mail completed form with payment to the address above.
Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.

MAL