RI SOS Filing Number: 202104100370 Date: 10/27/2021 4:00:00 PM

| State of Rhode Island Department of State - Business Services Division | FILED |
|--|-------------------|
| Annual Report for the year: 2021 Limited Liability Company → Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1. | OCT 27 2021 14 MI |

| 1. Entity ID Number | ber 2. Exact name of the Limited Liability Company | | | | | | |
|--|--|---------------|-------------------|-------------|-------|--|--|
| 4\$ 1677 871 | | | Street | | | | |
| 3 NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | | |
| 50110 | _ | | Address: | | | | |
| 5. State of Formation | TANIAL | 110 per 13 | ndanss; | 1 | | | |
| RI | RI 38 Amherst ST. Prov. RI 07909 | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 28 Cathedral Ave | | | Prov. | RI | 02908 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name | | | Contact Title | | | | |
| i Street Address | | | City | | | | |
| 28 Cathedral | | | City Priori dence | State 21 | 5240d | | |
| The Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | | |
| Manager Name Libania Rodriguez Manager Name | | | | | | | |
| Street Address Street Address | | | | | | | |
| Same as abo | , wl | - | - Check Addiess | | | | |
| City | State | Zip | City | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| Check the box to indicate an attachment | | | | | | | |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 643 | | | | | | | |
| 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 / Date | | | | | | | |
| 10/25/2021 | | | | | 2-21 | | |
| Signature of Authorized Person | | | | | | | |
| | | | | | | | |
| | | | | | 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