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FILED

NOV 2 2 2025

Annual Report for the year: 20 21 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.

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1.5-24-15-1	<del></del>					
1. Entity ID Number	2. Exact name of the Limited Liability Company					
000825634	$\frac{1}{2}$					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531390	5		racter of business conducted in R	hode Island		
5. State of Formation	<i>K</i>	Pental			<u> </u>	
6. Principal Office Address	<del>-</del>	<del></del>	Cau A	<del></del>	<del></del>	
2 EARL DA. Sofor			City by the	State	U2919	
7. Mailing Address of Limited Lia	bility Compa	ny and Name or Tr	tle of Contact Person			
Puth E. Parailla			Contact Title			
Street Address			City C O		.1.	
8. List ALL managers (names and addresses) of the Limited Link			$\mathcal{L} = \mathcal{L} \cup $	State 2	t 210 0 2919	
8. List ALL managers (names and addresses) of the Limited Liab Manager Name			inty Company, IF APPLICABLE - DO NOT LIST MEMBERS			
			Manager Name	<del></del> -		
Street Address			Street Address			
			, or sect radies			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Circumstance						
Street Address			Street Address			
City	C1-4-		<del></del>			
	State	Zíp	City	State	Zip	
			<del> </del>			
9. The Resident Agent information	ก currently o	f record with the D	C	heck the box to i	ndicate an attachment	
9. The Resident Agent information Under penalty of perjury, I deci	are and effi	sm that there is	Department of State is accurate	. Changes requin	filing Form 642.	
Under penalty of perjury, I decistatements, and that all statem	ents contail	rni that i nave exa Ned herein are tro	Imined this report, including an	y accompanyin	g schedules and	
Name of Authorized Person	7	100 000 000	e and correct.	<del></del>	<del></del>	
$\mathcal{D} \mathcal{H} \mathcal{L}$		. 1/4		Date		
Signature of Authorize 4 S	12/	1/10	<del></del>	HILED	7-21	
Signature of Authorized Person	ó /					
Weth.	<u> 2. /</u>	aueu	/	NOV 2 2 2021		
	- /			114		

MAIL TO:

Division of Business Services

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

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