RI SOS Filing Number: 202225471580 Date: 12/23/2022 12:46:00 PM



2023

R.I. DEPT. OF STATE BUS SYCS DIV

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Annual Report for the year: 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.

| Entity ID Number | 2. Exact name of the Limited Li | | _ | • | | |
|--|-----------------------------------|---------|----------|------------|--------|--|
| 000 79 7-761 | RAPOSO E | NGINEER | 1/4/01 | VSULTI | NG UC | |
| 3. NAICS Code 54 330 | 4. Brief description of the chara | | | | ERUCAS | |
| 5. State of Formation MASSACHO | i | | | | | |
| 6. Principal Office Address | | City |] : | State | Zip | |
| 14 RIMIN | | WEN | MAT | MA | 02790 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name Contact Title | | | | n/A | VHER | |
| Street Address 4 7/1 | City VEST | PORT | State UA | Zip 02790 | | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | | |
| 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 | | |
| GUSTASO TRAPOSO | | | | 10/18/2022 | | |
| Signature of Authorized Person | | | | | | |
| 14ho Tihans | | | | | | |
| | J-0/ | | | | | |

MAIL TO:

Division of Business Services

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

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

P.A. 13:40pm.

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FORM 632 - Revised: 11/2021