

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

| R.I. I | RECEIV DEPT. OI US SYC | EDTALID STATEID |
|--------|------------------------------|--------------------|
| 7077 | JAN -4 | A 11:51 |

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
|--|---|------------|----------|-----------|--|--|
| LDO 1681145 | TRUE Shin | e SOLUTION | 15 L | LC. | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 812310 COIN-OPERATEd LAUNDRIES | | | | | | |
| 5. State of Formation | 0 1000 | 7 15 15 | | | | |
| Rhole Island & DROP-OFF | | | | | | |
| 6. Principal Office Address | | City | State | Zip | | |
| 213 CRANSTO | N ST | Providence | KI | 02907 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name GOMARY PERA TA Contact Title Dwner | | | | | | |
| Street Address | KANUT RD | Johnston | State RI | Zip 02919 | | |
| 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 | January F | 20 11-12 | Date | 24/2223 | | |
| Signature of Authorized Person | | | | | | |

FILED

JAN 0 4 2023 BY ML 1349VB

11:51

MAIL TO:

Division of Business Services

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

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