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R.I. DEPT. OF STATE: . .

BUS SYCS DIV

2023 JAN -9 PM 2: 35

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001695877	Ocean Auto Gik	25. LLC		
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
5. State of Formation	Automotive gl	ass repair and	replacement	Services.
Rhode Island				-
6. Principal Office Address		City	State	Zip
115 Chestnut Ave		Providence	RI	02910
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name 40rianis N	lata	Contact Title		
Street Address 45 Ches	stnut Ave	Cranston	State RI	Zip 02910
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	
Yoriank Mata			1/4/2023	
Signature of Authorized Person				

MAIL TO:

Division of Business Services

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

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

JAN 0 9 2023

BY MI & BODH

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