

## Annual Report for the year: 3

- → Filing period: February 1 May 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by May 31.

P. I. DEPT. OF STATE
2023 FEB -2 A 11: 50

1. Entity ID Number	2. Exact name of the Limited Liability Company				
001720788	The NEW WMGHT CLEBNERS LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
812320	<i>;</i>				
5. State of Formation	Day de			!	
1 L L	Dry Cleaning				
6. Principal Office Address		City	State	Zip	
2436 west Shore ad		Worwick	NI	७२४४९	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name DINNA TINE GAN		Contact Title Owner			
Street Address W. Shore RD.		ciyuar wick	State	Zip 02889	
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	Date	
DINNA T-11		2-2-23			
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

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FORM 632 - Revised: 11/2021