

Annual Report for the year: 2022 **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.

R.I. DEPT. OF STATE	
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1. Entity ID Number	2. Exact name of the Limited Liability Company					
001704793	274 ORMS, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island .					
531110	DWNING, IMPROVING, LEASING REAL ESTATE.					
5. State of Formation						
RI						
6. Principal Office Address		City	State	Zip		
274 ORMS ST.		PROVIDENCE	RI	02908		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name RANPY DEFEX		Contact Title  MEMBEK				
Street Address 274 OKMS ST.		CITY PROVIDENCE	State RT	Zip 02908		
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				
RANDY DEF	EX		2	9/2023		
Signature of Authorized Person						

**FILED** 

FEB **0 9** 2023

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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