

Annual Report for the year: \_ Limited Liability Company

2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25,00 fee if form is not filed by May 31.

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1. Entity ID Number 0017 47 97 4	2. Exact name of the Limited Lial  ELMARBER	( / /)		
3. NAICS Code 561910	4. Brief description of the character of business conducted in Rhode Island POCKING SEVVICES			
5. State of Formation	101010111	9 0011		
6. Principal Office Address 750 EASI AlleNUE L	OWER LEVEL PIGHT	PAWTUCKET	State 72 I	<b>Zip</b> 62860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Contact Title  Contact Title				
Street Address 3 Piones St # /		Provi, derke	State	2029ay
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 () MANIETA CONARD (INELA			Date 02/10/23	
Signature of Authorized Person				

FILED

FEBIO 2023 BY ML TWSWW

MAIL TO:

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

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