

State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **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.

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1. Entity ID Number	2. Exact name of the Limited Lial	bility Company			
000963711	CATALOMS	L.L.C			
3. NAICS Code	4. Brief description of the charac	ter of business conducted in Rhod	e Island		
73/13/0	1				
5. State of Formation		11 2			
R.L.	LAND O	ntesto			
6. Principal Office Address	,	City	State	Zip	
10P 11021	leal	CRANSTON	X.T.	02921	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Robert	CoTonzag	Contact Title OWNTR			
Street Address 106 TQ	Jugot IT	city Crowslaw	State	Sip 0295/	
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	0.7	· · · · · · · · · · · · · · · · · · ·	Date / IT	· 5-23	
15/20th	(Some on the		1 21	2.5.7	
Signature of Actionized Person					
KKU V	Marsh				
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**FILED** 

FEB 1 5 2023 BY ML QHE25

MAIL TO:

Division of Business Services

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

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