RI SOS Filing Number: 202329555870 Date: 2/27/2023 4:00:00 PM



State of Rhode Island

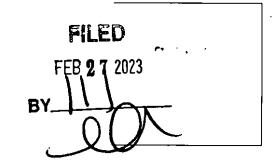
## **Department of State - Business Services Division**

Annual Report for the year: 2023 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.



| Entity ID Number   | 2. Exact name of the Limited Lia | hility Company                   |       |                      |
|--|----------------------------------|----------------------------------|-------|----------------------|
| 001701501  |                                  | T & ASSOCIA                      | tes L |                      |
| 3. NAICS Code 541618 5. State of Formation   |                                  | doe of husiness announted in Dh- |       | in Consultat         |
| 6. Principal Office Address  34 Hamben RA  |                                  | CRANSTON                         | State | <sup>Zip</sup> 02920 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |                                  |                                  |       |                      |
| Contact Name KeninW.PIATT  |                                  | Contact Title Men ber            |       |                      |
| Street Address 34 Hamben Rd  |                                  | CRANSTON                         | State | Zip 0 2 9 2 0        |
| 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 W. P. A. T.  |                                  |                                  | Date  |                      |
| 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