

2023 MAR 13 P 12: 16

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
1298002				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
454390	GELLING 6/0 VES, 7265, 4/ARKS.			
5. State of Formation				
RI	,			
6. Principal Office Address	^	City	State	Zip
22 Danielse	on PIKE	Foster	PT-	02825
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name IYAND. CARREAD. Contact Title DRESS:0007.				
Street Address 22 Dawrel	son PILE	CIN FOSTERI	State R. F.	02725.
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	
Don D. CARDENPI			3/13/2023	
Signature of Authorized Person				
Care Core				

NAIL TO:

Division of Business Services

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

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