	State of Office of the	Rhode Island Secretary of		Fee: \$50.00
/// 🔶 🔪				
	Division Of	Business Servio		
		River Street		
	Providence	e RI 02904-261	5	
1636	(401)) 222-3040		
Limited Liability C Annual Report Filing Period: Februa				
refusing to file its anr	.I.G.L. 7-16-66(d), each limited nual report within thirty (30) da (b&c)) is subject to a penalty f	ays after the tim		/
ANNUAL REPORT Y	EAR: <u>2023</u>			
1. ID No. <u>00090</u> ^	7962			
2. Exact Name of the Limited Liability Company Renovo Solutions, LLC				
3. State of Formation	วท			
State: <u>CA</u>				
	ARTI	CLE III		
, v	AICS Code that best describes codes <u>here.</u> More information			
<u>811219</u>				
4. Brief Description Island	of the Character of the Busin	ness Which is A	Actually Condu	cted in Rhode
MAINTENANCE .	AND REPAIR SERVICE OF	F MEDICAL E	QUIPMENT	
5. Principal Office A	Address			
	<u>4 EXECUTIVE CIRCLE SUITE 185</u>			
City or Town:	<u>IRVINE</u>	State: CA	Zip: <u>92614</u>	Country: <u>USA</u>
6. Mailing Address	of Limited Liability Company	and Name or T	itle of Contact	Person:
Contact Name: Con No. and Street:	4 EXECUTIVE CIRCLE			
	SUITE 185			

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 23 Day of March, 2023 at 11:40:29 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KELLY LETTMANN

Signature of Authorized Person

Form No. 632 Revised 09/07

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