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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 Liability Company	
09741966	whole Land International	
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island	
44820	Mune Businoss	
5. State of Formation	WAMINI CLAID SING	
R.I.	MOLIGITICIOTYTYTY	
6. Principal Office Address	City State Zip	
36 Sterli	19 Ave Providence RI 02909	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person		
Contact Name Joyce V. I-eaway Contact Title		
Street Address 34 St	elne l'inprovidence state 21 2ip 02909	
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	4e W. Teaway 3128/23	
Signature of Authorized Person		

FILED

MAIL TO:

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

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