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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2023

→ 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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Entity ID Number	2. Exact name of the Limited Lia	ibility Company	51 41/	Jakaphy 4
1726315	Peep Video 1	Director and	photo	J grupny a
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
5/2/10	Dire	ctor and Ph	of ogra	Phy
5. State of Formation	Video Vire	.07-	•	
RI				
6. Principal Office Address		City	State	Zip
544 B Chalkstone		Providence	KT	02808
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name County Av	CAS	Contact Title 40-1637 - 3686		
Street Address SCH tou		cityeast Prov	State 2	zip 02914
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	r: 4s		Date 4 L	1/2023
Signature of Authorized Person				
Elinit				

FILED

APR 0 4 2023 BY ML AK) HA

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 1:25

FORM 632 - Revised: 2/2023