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Entity ID Number	2. Exact name of the Limited Liability Company					
000872419	Interne	ed Sowas lec	·			
3. NAICS Code 5-1163 5. State of Formation 72. I.	4. Brief description of the chara	acter of business conducted in	_	L S		
	Street #402	City Wassen	State R.Z	OZ FEŚ		
	7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Richard	a Roberts Contact Title President					
Street Address	Same -	City	State	Zip		
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			Date April	13,2023		
Signature of Adhorized Person	Contract of the second					

MAIL TO:

Division of Business Services

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

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