RI SOS F	Filing Number: 2023330	92530 Date: 4/14/202	23 1:43:00 PM	
State of Rhode Isla		nicas Divisian	_	
Annual Report for th Limited Liability Con  → Filing period: Februar  → Filing Fee: \$50.00	npany	_	Fi _ <u>7</u> 1	STANAP RECEIVED L. CEPTIOF STATE CONTROL STANAPRILL P 1: 4
1. Entity ID Number 001715989				
3. NAICS Code 53 10 0 0  5. State of Formation Rhode Island		character of business conducte	ed in Rhode Island	     
6. Principal Office Address	<del>-</del>	City	State	Zip
230 Wyoming Avenue		Kingston	PA	18704
	d Liability Company and Name	······································		İ
Contact Name Jared Cole		Contact Title Financial I	Reporting and Compliand	ce Manager
Street Address 230 Wyoming Avenue		City Kingston	State PA	Zip 18704
Under penalty of perjury, I	declare and affirm that I hav atements contained herein a	the RI Department of State is ac e examined this report, include re true and correct.		
Signature of Authorized Person				
				· · · · · · ·
			FIL	ED

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 1:43

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FORM 632 - Revised: 2/2023