KI SOS Filing Number: 202333096060 Date: 4/17/2023 4:00:00 PM



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.

- 	
RECEIVED THE STATE OF SYSS BY	STARG
2023 APR 17 P 12: 25	
5053 VbH / /	

1. Entity ID Number	2. Exact name of the Limited Li		
1001745869	Mokansett (onsulting Firm UC	_
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
541613	Consulting f	irm	
5. State of Formation			
RT_			
6. Principal Office Address	Road	City Nord Piver G. RI 62894	·
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name	loka	Contact Fitte Wanaser	
Street Address 10 10m08	tead ed.	CITY DOU RIVER 14 State RI Zip 02894	
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) Contained notain are are	Luate	
Name of Authorized Person	le Hoka	4-17-23	
Signature of Authorized Person			
1.			

FILED

APR 17 2023

BYJBAVK

MAIL TO:

Division of Business Services

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

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