



State of Rhode Island

Department of State - Business Services Division

STAMP

Annual Report for the year: 2023
Limited Liability Company

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R.I. DEPT. OF STATE
BUS SVCS DIV

- 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 001724263 | | 2. Exact name of the Limited Liability Company GOOD DEEDS FAMILY INTERNATIONAL, LLC | | |
| 3. NAICS Code 483111 | | 4. Brief description of the character of business conducted in Rhode Island SHIPPING SERVICES | | |
| 5. State of Formation RI | | | | |
| 6. Principal Office Address 42 CROWNINSHEILD STREET | | City PROVIDENCE | State RI | Zip 02909 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name YVONNE TIMBO | | Contact Title OWNER | | |
| Street Address 42 CROWNINSHEILD STREET | | City PROVIDENCE | State RI | Zip 02909 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | |
| <i>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.</i> | | | | |
| Name of Authorized Person YVONNE TIMBO | | | Date 04/15/2023 | |
| Signature of Authorized Person | | | | |

FILED
APR 19 2023
BY NSUES
A.A.

MAIL TO:
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