

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.

R.I. DEPT. OF STATE	
BUS SURF STATE	
9 1 6 S DD 7 1 5	

			2023	ADD as
1. Entity ID Number	2. Exact name of the Limited Lia	bility Company	ŧ	MPR 26 12 3: 31
001709630	Rising Ph	Denix Tous	65 ments	LLC
3. NAICS Code	4. Brief description of the charac	ter of business conducte	ed in Rhode Island	·
531190	Iwas ments,	Coachin	g, Merce	handizing
5. State of Formation	1 –			J
R.1 -				
6. Principal Office Address		City	State	Zip
47 Wod Are	me, Sinte 2	Barring	Im Ry	02801
	ability Company and Name or Title	of Contact Person		
Contact Name Registe	ed Agents Inc	Contact Title	ent	
ISTRACT Address	me, Sucte 2	City Barring	ton State Ry	Zip 02806
8. The Resident Agent information	on currently of record with the RI D	epartment of State is ac	curate. Changes requi	re filing Form 642.
	clare and affirm that I have exam nents contained herein are true		ling any accompanyli	ng schedules and
Name of Authorized Person	·		Date	
Modryle C	of odunion		D4-	26-23
Signature of Authorized Person	010			
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MAIL TO:

Division of Business Services

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

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