RI SOS Filing Number: 202335781360 Date: 5/17/2023 4:00:00 PM

State of Ri Departs
Annual Report Limited Liabili → Filing period: → Filing Fee: \$ → Penalty: Addi
1. Entity ID Number 3. NAICS Code 4342 5. State of Formati

hode Island ment of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2023 MAY 17 P 2: 16

t for the year: \_2023

ity Company

February 1 - May 1

50.00

itional \$25.00 fee if form is not filed by May 31.

		We Company			
1. Entity ID Number	2. Exact name of the Limited Liability Company				
001718987	Cucky solutions GUL				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
<u>473450</u> 5. State of Formation	3450 SELLING MEDICAL EQUIPMENT				
RHEYE ISLAND	.0			<del>,</del>	
6. Principal Office Address		City	State	Zip	
10 Doctong	e STSVIETU	Bloy	14	00903	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name TOWN PERCIPA Contact Title OWNER					
Street Address SOM	£	city (320V	State 2	<sup>zip</sup> 009903	
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.					
Date					
Name of Authorized Person			3-17-33		
Signature of Authorized Person					
Salm (Selelle					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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