Annual Report for the yalling Limited Liability Comp → Filing period: February 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.0	any I - May 1	y May 31.	_	
1. Entity ID Number	1 -7 /	mited Liability Company		
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UUITHUDDA	1//////////			
3. NAICS Code	4. Brief description of th	e character of business conducted in	Rhode Island	
53 1110.	4. Brief description of the LCalestate	e character of business conducted in	Rhode Island	
3. NAICS Code 5. State of Formation	4. Brief description of th	e character of business conducted in	Rhode Island	
531110.	4. Brief description of th	e character of business conducted in	Rhode Island	
53 1110. 5. State of Formation 2	4. Brief description of th	e character of business conducted in	Rhode Island	Zip
53 1110. 5. State of Formation 2	4. Brief description of th			Zip 02861
53 1110. 5. State of Formation P. 6. Principal Office Address 160 Bristol	4. Brief description of the LCalestate Ava	cny Pawtucket		1 ' .
53 1110. 5. State of Formation P. 6. Principal Office Address 7. Mailing Address of Limited L. Contact Name	4. Brief description of the LCalestate August 14 August	City Paytycket e or Title of Contact Person	State R	1 ' .
53 1110. 5. State of Formation 2 6. Principal Office Address	4. Brief description of the LCalestale Ave iability Company and Nam America	City Paytycket se or Title of Contact Person	State R	1 ' .

FILED

JUN 1 2 2023 BY 1 2 N 15

MAIL TO:

Division of Business Services

Name of Authorized Person

Signature of Authorized Person

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

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