RI SOS Filing Number: 202338881300 Date: 6/29/2023 11:41:00 AM



# State of Rhode Island Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615

(401) 222-3040

## Limited Liability Company Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR 2023: 2023

- **1. ID No.** 001657606
- 2. Exact Name of the Limited Liability Company LA OCOENA WHOLESALE LLC
- 3. State of Formation

State: RI

#### **NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.

423990

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

### WHOLESALE

5. Principal Office Address

No. and Street: 3 PRISCILLA AVENUE

City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: <u>SAMUEL MATEO</u> Contact Title: <u>MANAGER</u>

No. and Street: 3 PRISCILLA AVENUE

City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

TAXPLUS LLC 861 RESERVOIR AVENUE CRANSTON, RI 02910

Fee: \$50.00

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 29 Day of June, 2023 at 11:43:46 AM by the authorized person.** This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

## By **SAMUEL MATEO**

Signature of Authorized Person

Form No. 632 Revised 09/07

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