RI SOS Filing Number: 202338876720 Date: 6/29/2023 4:00:00 PM

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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2023 **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.

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| | | blike Company | | | |
|---|---|------------------------------------|-----------------|---------------|--|
| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
| 001731052 | Rolland homodohnG and Troter ty Hong great LLC | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 531110 |]]] | dential sports | 'ante | | |
| 5. State of Formation | Kent of Kisi | dential Brack | merii - | | |
| KI | 100000 | | | 17in | |
| 6. Principal Office Address | | Providence | State | 02905 | |
| 85 Foria Gun AV | e | pordunce | KL | 00/03 | |
| 7 Meilion Address of Limited Li | ability Company and Name or Title | of Contact Person | | | |
| | | Contact Title | | | |
| Contact Name Admillo | Kollon M | Owner | Taur a | Tria | |
| Street Address 85 Farra Gui Avenue | | Chy Providence | State RI | 20 02905 | |
| 8. The Resident Agent Informat | ion currently of record with the RI | Department of State is accurate, i | Changes require | ning rom 042. | |
| Under penalty of periury, I de | clare and affirm that I have exam | nined this report, including any | accompanying | scnegues and | |
| statements, and that all state | ments contained herein are true | ena correct. | Date | | |
| Name of Authorized Person Admitalo ho fland | | / | 6-29-23 | | |
| Signature of Authorized Person | | | | | |
| <u> </u> | | | | | |

MAIL TO:

Division of Business Services

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

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

FORM 632 - Revised: 2/2023