

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.

| RECEIVED R.I. DEPT. OF STATE | |
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| BUS SYOS DIV | |

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| Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
|---|---|--------------------|------------|----------------------|--|--|
| 001738441 | NATE HIMSELF LLC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 1448190 | CLOTHING BRAND | | | | | |
| 5 State of Formation | 1 | | | | | |
| RI | | | | | | |
| 6. Principal Office Address | | City | State | Zip | | |
| 91 SUMNER AVE APT 1 | | CENTRAL FALLS | RI | 02863 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name A wtonge N, Q Z | | Contact Title | | | | |
| Street Address 91 SUMNER AVE APT 1 | | City CENTRAL FALLS | State RI | ^{Zip} 02863 | | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | | |
| 9. 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. | | | | | | |
| Name of Authorized Person | | | Date | | | |
| NATANAEL DIAZ PICHARDO | | | 10/26/2023 | | | |
| Signature of Authorized Person | | | | | | |

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MAIL TO:

Division of Business Services

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

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