RI SOS Filing Number: 202342513600 Date: 10/31/2023 9:01:00 AM



## 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.

| 1.1.9<br>B | ٠,  |    |   |    |    |
|------------|-----|----|---|----|----|
| 2023       | OCT | 31 | A | G; | 00 |

| 1. Entity ID Number             | 2. Exact name of the Limited   | 2. Exact name of the Limited Liability Company  |                   |                      |  |  |  |
|---------------------------------|--|---|-------------------|----------------------|--|--|--|
| 000798842                       | Trinity Leads LLC  |   |                   |                      |  |  |  |
| 3. NAICS Code                   | Brief description of the character of business conducted in Rhode Island   |   |                   |                      |  |  |  |
| 541613                          |  | Sales associate online via Zoom. Worked as a sub contractor for another advertising agency. |                   |                      |  |  |  |
| 5. State of Formation           | advertising agency.  |   |                   |                      |  |  |  |
| RI                              |  |   |                   |                      |  |  |  |
| 6. Principal Office Address     |  | City  | State             | Zıp                  |  |  |  |
| 20 Maywood Drive                |  | West Warwick  | RI                | 02893                |  |  |  |
| 7. Mailing Address of Limite    | d Liability Company and Name or Ti   | tle of Contact Person   |                   |                      |  |  |  |
| Contact Name Mark Casey         |  | Contact Title   |                   |                      |  |  |  |
| Street Address 20 Maywood Drive |  | City West Warwick   | State RI          | <sup>2</sup> φ 02893 |  |  |  |
| 8. The Resident Agent infor     | mation currently of record with the R                                      | I Department of State is accurat  | e Changes require | e filing Form 642    |  |  |  |
|                                 | y, I declare and affirm that I have (<br>atements contained herein are tru |   | any accompany     | ring schedules and   |  |  |  |
| Name of Authorized Person       |  |   | Date              |                      |  |  |  |
| Mark Casey                      |  |   | 10/30/23          |                      |  |  |  |
| Signature of Authorized Per     | son  |   | <u> </u>          |                      |  |  |  |
| -10 C(a                         | 5 ( M  |   |                   |                      |  |  |  |

MAIL TO:

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

Phone: (401) 222-3040 Website: vww sos ri.gov **FILED** 

OCT 31 2023 2 MN 2

FORM 632 - Revised 04 2023