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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.

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| _ | • | | | |
|--|---|-----------------------|------------|----------------------|
| Entity ID Number | 2. Exact name of the Limited Liability Company | | | |
| _174_8399 | Whoach LLC | | | |
| 3 NAICS Code | 4 Brief description of the character of business conducted in Rhode Island We're still in the idea stage. However, right now we're looking to get into e- | | | |
| 455219 | | | | |
| 5. State of Formation | commerce by selling things through our website. | | | |
| Rhode Island | | | | |
| 6 Principal Office Address | | City | State | Zıp |
| 44 Lillian Ave | | PROVIDENCE | Ri | 02905 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name Jules Bibonimana | | Contact Title Founder | | |
| Street Address 44 Lillian Ave | | City Providence | State R1 | ^{Zip} 02905 |
| 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 | |
| Jules Bibonimana | | | 11/09/2023 | |
| Signature of Authorized Person Jules Bibonimana | | | | |

MAIL TO:

Division of Business Services

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

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

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