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## State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

→ 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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1. Entity ID Number	2. Exact name of the Limited Liability Company			
1724860	≘17te	LC.		
3 NAICS Code	4. Brief description of the charac	cter of business conducted in Rhode Island		
236117		,	^	
5. State of Formation	h 1 6 ~	+ Hom (	ren ont	م ا
$\Gamma$ KJ (	Con structure		_ 0~+ ~	·c_Tev
6. Principal Office Address	$\sim$	City	State	Zip
52 Cilen Ori		West warnic	RI	02893
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Midral PI Domenico		OWER		
Street Address Colen Orive		city west wor wick	State	Zip 02.843
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  ( ) Do meni()			Date 11/21/23	
Signature of Authorized Person				

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

NOV 21 2023 BY MUKHN3N