

State of Rhode Island

## **Department of State - Business Services Division**

\* Amended \*

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
BUS SVCS OFF
2024 JAN 11 P 12: 59

1. Entity ID Number	2. Exact name of the Limited Liability Company			
1738744	Autobahn M	Parthetina Group	, LLC	<u>-</u>
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
423110	],, ,	I Schertisky S	ر م	
5. State of Formation	Marlbetter au	I Solver his hox >	is uites	
Rhade Island	0	<u> </u>		
6. Principal Office Address	- · ·	City	State	Zip
8 Oalh Wood Circle		Greenville	RI	09838
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Theun Lisa		Monarys  City State Zip  Creenville NI 02628		
Street Address		City	State	Zip
6 Oak wood Circle		Greenville	NI NI	02628
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	
theun Lisa		Marager	Sarvare	11,2004
Signature of Authorized Person				
1/60				

**FILED** 

JAN 11 2024

MAIL TO:

**Division of Business Services** 

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

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