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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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company			
000920606	Maria DeCarvalho, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
611430	Business consulting Service			
5. State of Formation				
RI				
6. Principal Office Address	<u>_</u> .	City	State	Zip
18 Vassar Avenue	Vassar Avenue		RI	02906
7. Mailing Address of Limited	Liability Company and Name or	Title of Contact Person		
Contact Name Susan O'Sh	ea	Contact Title Bookkeeper		
Street Address 18 Belmont Street		City Pawtucket	State	^{Zip} 02860
8. The Resident Agent inform	ation currently of record with the	RI Department of State is accur	rate. Changes require	e filing Form 642.
, , , , , , , , , , , , , , , , , , , ,	I declare and affirm that I have tements contained herein are t	•	ling any accompany	ing schedules and
Name of Authorized Person		Date 1/18/24		
Signature of Authorized Parec	In (0700	l×		

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JAN 18 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

FORM 632 - Revised 12/2023