RI SOS Filing Number: 202444386120 Date: 1/22/2024 4:00:00 PM



State of Rhode Island Office of the Secretary of State

Fcc: \$50.00 **FILED**

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

JAN 2 2 2024

By Online Allina

Limited Liability Company **Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

- 1. ID No. 001686866
- 2. Exact Name of the Limited Liability Company Your Choice of Training Program LLC
- 3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.

611699

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

CNA TRAINING PROGRAM

5. Principal Office Address

No. and Street:

422 POST ROAD

City or Town:

WARWICK

State: RI

Zip: 02888

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: JOSE NUNEZ Contact Title: OWNER

No. and Street:

15 BROOM ST

City or Town:

PROVIDENCE State: RI Zip: <u>02905</u>

Country: <u>USA</u>

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOSE A, NUNEZ 129 MORGAN STREET CRANSTON , RI 02920

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 22 Day of January, 2024 at 10:38:15 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By **EVELYN PINTO**

Signature of Authorized Person

Form No. 632 Revised 09/07

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