RI SOS Filing Number: 202444446130 Date: 1/22/2024 4:00:00 PM



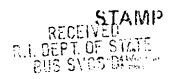
State of Rhode Island **Department of State - Business Services Division**

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.



2024 JAH 22 A 10: 49

1. Entity ID Number	2. Exact name of the Limited Liability Company			
1751102	Shishi ca	Scalty multi	CLC	_
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
524126	Provident Antomosile insurance for Chent in RHode Filand			
5. State of Formation				
RΙ				
6. Principal Office Address		City	State	Zip
292 Academy	AVE	Providence	RI	02408
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Jun Ocelin Gul		Producer		
Street Address	. / !	City	State	Zip Od C - 7
218 Hun over Street		(WVI MINUL	19	V2401
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 , ,	
JEAN Ocelin Guit			01/22/2024	
Signature of Authorized Persony				
Heyn Calin and				

JAN 22 2024 BY_TBW46

MAIL TO:

Division of Business Services

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

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