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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.

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1. Entity ID Number	2 Event name of the Limited Lie	N. III.			
	2. Exact name of the Limited Liability Company				
1759799	Harian and t	u Chas Lld			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
453991	thrift Shi)P			
5. State of Formation	11411 - 000	•			
<u> </u>					
6. Principal Office Address		City	State	Zip	
72 east.	56.	Dawtekker	RI	02860	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title	-		
KeyNalgo Tut	bi Garcher				
Street Address	- /	City	State	Zip	
55-06IVE 9		pawtuckeet	RS	02860	
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			
RevNaldo Turbi Sauchez		02-02-2024			
Signature of Authorized Person					
Les Malda Furbi					

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BY NSTAL

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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