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State of Rhode Island Department of State - Business Services Division

1202Y

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. Exact name of the Limited Liability Company			
000968911.	sasuola)) h, L.C.		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
231159	J			
5. State of Formation		_ ,		
PI	LOSID OI	4125110		
6. Principal Office Address	1	City Oc	State Zip	
106 ItOFF		Canson	R1 02921	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
140per/ (0)0.	JAC -	STUDO		
Street Address	Tapil	CHY (ROLD)	State Zip Zip	
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	1 Co Tavzaro		Date 2-5-27	
Signature of Authorized Person Toman				

MAIL TO:

Division of Business Services

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

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

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