

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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CD R 500 B 5	

1. Entity ID Number	2. Exact name of the Limited Lia	bility Company			
000968911.	SASHOLA	b, L.C.			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
231159	١				
5. State of Formation		, , ,			
PI	40 Grany	HESTIP			
6. Principal Office Address	1	City 🗸	State	Zip	
106 ItOES		CRONSOL	R1	05051	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title		<u>. </u>	
120pes/ (2) p.	DDC -	Trano		<u> </u>	
Street Address	Tapil	CHY (RONS)	State	Zip DZPZ\	
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	Ti Co Tavzaro		Date 2-5-27		
Signature of Authorized Person #					

MAIL TO:

Division of Business Services

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

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

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