



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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 <u>001764480</u> | | 2. Exact name of the Limited Liability Company <u>RENEW KITCHENS LLC</u> | | |
| 3. NAICS Code <u>238320</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>PAINT CABINETS</u> | | |
| 5. State of Formation <u>RI</u> | | | | |
| 6. Principal Office Address <u>25 Acorn St. 11c 4</u> | | City <u>PROV RI</u> | State <u>RI</u> | Zip <u>02903</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name <u>ANTHONY FABER</u> | | Contact Title <u>OWNER</u> | | |
| Street Address <u>25 ACORN ST. 11C</u> | | City <u>PROV RI</u> | State <u>RI</u> | Zip <u>02903</u> |
| 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 <u>ANTHONY FABER</u> | | | Date <u>2/6/2024</u> | |
| Signature of Authorized Person <u>[Signature]</u> | | | | |

FILED

FEB 06 2024
BY 7742A
[Signature]

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov