

State of Rhode Island Department of State - Business Services Division

202Y

REC'D RIDOS BSI 24 FEB 8 FM4:07:

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
060732943	J. DTEK	LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531110	Dioperty Monograma			
5. State of Formation				
RI				
6. Principal Office Address	1	City	State	Zip
15 Memorial Square unit 642		Nellagan sett	RI	02885
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person		
Contact Name She [KEN]		Contact Title		
Street Address 15 Memorial Square Unit GYZ		City NZ1/292454T	State .	Zip 02882
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	QA .	-	Date 74-15 8 (-	-15 2024
Signature of Authorized Person	oba C Smalh	201		

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FEB - 8 2024

MAIL TO:

Division of Business Services

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

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