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State of Rhcde Island Department of State - Business Services Division

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Annual Report for the year: 202 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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Entity ID Number	2. Exact name of the Limited Lia			^
001717435	R. Gal's Workroom HC			
3. NAICS Cryle	4. Brief description of the character of business conducted in Rhode Island			
326199	Custom interior seamthes			
5. State of Formation	and fubricator.			
R.I.	and her	(00)		
14.	<u></u>	······		
6. Principal Office Address	ι Λ.	Sity L Di	State	Zip
300 Willard	Avenue	Wakefield	P.I.	02879
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name	galian'	Contact Title		
Street Address	as abour	City	State	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 parjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained harein are true and correct.				
Name of Authorized Person	4 / / ;		Dajp	ا، موه
Rosemary T. Galiani			Janus	4 28 2024
Signature of Authorized Person The Authorize				
1-02-07-		 		

MAIL TO:

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

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