RI SOS Filing Number: 202446459020 Date: 2/9/2024 4:00:00 PM

TOP SE
.49 ,

State of Rhode Island

Department of State - Business Services Division

STAMP

Annual Report for the year: Limited Liability Company

2024

FILED STATES

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 09 2024

				A 2 -	
1. Entity ID Number 00/74/9/8	2. Exact name of the Limited Lia	bility Company Full Mace, LL	<u> </u>	Ø''	
3. NAICS Code	4. Brief description of the charac	eter of business conducted in Rhoo			
6. Principal Office Address 655 Whin	H.	E Greenwich	State	2518 02818	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name DAVID IA WWWCCilli		Contact Title MANGEP			
Street Address USS MAIN Str		E-Groenwith.	State	Zip OPFIF	
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 (AUT) TANNUCCIII			Date 2/9/2020		
Signature of Authorized Person And Frenchelli					

MAIL TO:

Division of Business Services

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

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