RI SOS Filing Number: 202446459390 Date: 2/9/2024 4:00:00 PM

State of Rhode Island  Department of State - Business Services Division				
Annual Report for the yellimited Liability Compa  → Filing period: February 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00	iny	1. <b>B</b>	FILED FEB 0 9 202 Y	STAMP  TOSK SHORE FABRE OF SEATE HISTORIUS
1. Entity ID Number 001711203	2. Exact name of the Limited Lia	bility Company NO A VO X WE NEW	UC.	
3. NAICS Code  5 3/390  5. State of Formation	4. Brief description of the character of	eter of business conducted in Rhoo He. The Yournal C	e Island	
6. Principal Office Address 655 MACA	S4.	City Greenwich	State	2ip 0281F
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name  Soint TINNUCCI		Contact Title MANSYF		
Street Address 655 Main 54		City E CATHANICA	State >	Zip OZFIC
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
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	- (/	1/.^	Date	75-047/

MAIL TO:

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

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