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f Rhode Island tment of State - Business Services Division

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FILED'

FEB 1 4 2024

for the year: Company

d: February 1 - May 1

\$50.00

ditional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
120304	RAIN-OHE-CO-LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531110	ر سر د د د د د د د د د د د د د د د د د د	- 1		
5. State of Formation	REAL-ESTATE	- HULDING		
R.I.	/	·		
6. Principal Office Address	4	City	State	Zip
2953 HARTE	EAS ALE	SUHASTON	R.I.	02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name)	Contact Title		
WILLIAM	KAINGAÉ	OWNER		
Street Address 2953 H	ANTERS ALC	City SUMMSTEM	State 7	2ip 02919
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 NILLIAM	RAINCAE		Date //23/2	24
Signature of Authorized Person .				
1/1/1/1/4 Manue				

MAIL TO:

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

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