



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
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 001746905 | | 2. Exact name of the Limited Liability Company ReUp US LLC | |
| 3. NAICS Code 541611 | | 4. Brief description of the character of business conducted in Rhode Island Consulting in long term project controlling and financial management | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 34 Gould street | | City Wakefield | State RI |
| | | Zip 02879 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name Stephane Brun | | Contact Title Owner | |
| Street Address 34 Gould street | | City Wakefield | State RI |
| | | Zip 02879 | |
| 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 Stephane Brun | | Date 02.01.2024 | |
| Signature of Authorized Person  | | | |

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BY ML NCWRR

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MAIL TO:

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