RI SOS Filing Number: 202446724830 Date: 2/16/2024 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

Annual Report for the year:
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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1. Entity ID Number	2. Exact name of the Limited Lia	hility Company		<u></u>		
1736746	Narby liz/					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
5. State of Formation	Wails					
QI	,					
6. Principal Office Address		City	State	Zip		
1266 Plainfield	15+	Johston	RT	02919		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name 4 Coliz V	/ arges	Contact Title OWNER				
Street Address Dial Plain	reldst	city Scholan	State RI	zip 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	Varacs		Date 2	-16-202		
Signature of Authorized Person	`.					
/ V /						

MAIL TO:

Division of Business Services148 W. River Street, Providence, Rhode Island 02904-2615

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