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State of Rhode Island

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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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32-	13

1. Entity ID Number 000 (32471	2. Exact name of the Limited Liab 50 POWLA	ESAD LL	C				
3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island 5. State of Formation 7. The state of Formation of the character of business conducted in Rhode Island 6. State of Formation of the character of business conducted in Rhode Island 7. The state of Formation of the character of business conducted in Rhode Island 8. State of Formation of the character of business conducted in Rhode Island 9. State of Formation of the character of business conducted in Rhode Island 1. State of Formation of the character of business conducted in Rhode Island 1. State of Formation of the character of business conducted in Rhode Island 1. State of Formation of the character of business conducted in Rhode Island 1. State of Formation of the character of business conducted in Rhode Island 1. State of Formation of the character of business conducted in Rhode Island 1. State of Formation of the character of business conducted in Rhode Island 1. State of Formation of the character of business conducted in Rhode Island 1. State of Formation of the character of business conducted in Rhode Island 1. State of Formation of the character of business conducted in Rhode Island 1. State of Formation of the character of business conducted in Rhode Island 1. State of Formation of the character of business conducted in Rhode Island 1. State of Formation of the character of business conducted in Rhode Island 1. State of Formation of the character of business conducted in Rhode Island 2. State of Formation of the character of business conducted in Rhode Island 3. State of Formation of the Conducted in Rhode Island 3. State of Formation of the Conducted in Rhode Island 3. State of Formation of the Conducted in Rhode Island 3. State of Formation of the Conducted in Rhode Island 3. State of Formation of the Conducted in Rhode Island 4. State of Formation of the Conducted in Rhode Island 3. State of Formation of the Conducted in Rhode Island 4. State of Formation of the Conducted in Rhode I							
6. Principal Office Address	R010	Autoket	State	02860			
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person					
Contact Name A Y M U	NO PACIA	Contact Title MANAGER					
Street Address Tower	ROAD	COPA wholet	State	^{2ip} 02866			
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 RAYMWW ALTRICA Date 2-5-2024							
Signature of Authorized Person	Se .						

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

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