RI SOS Filing Number: 202447053010 Date: 2/22/2024 4:00:00 PM

| P. Contract |
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State of Rhode Island

Department of State - Business Services Division

REC'D RIDOS 850 24 FEB 22 6H10:51h

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.

| _ | | | | | |
|---|---|------------------|----------|---------|--|
| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
| 001734585 | A & E Decoration LLC | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 812990 | Party Planning | business. We dea | corate a | 11 Kind | |
| 5. State of Formation | Of Party's. | | | | |
| R | | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 1413 Chalkstone | Aue | Providence | RI. | 02909 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name | | Contact Title | • | | |
| José : | Salgado A & E Decoration LLC | | | | |
| Street Address | | City | State | Zip | |
| 1413 Chalkston | e Ave | Providence | RT | 02909 | |
| 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 | | Date | | | |
| J. J. | ose Salgado | | 02/22/ | , 24 | |

FILED

FEB 2.2 2024

MAIL TO:

Division of Business Services

Signature of Authorized Person

148 W. River Street, Providence, Rhode Island 02904-2615

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