RI SOS Filing Number: 202447169360 Date: 2/23/2024 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 Lie	ability Company			
3. NAICS Code 484110 5. State of Formation	<u> </u>	Transfer for the state of business conducted in Rho	ode Island		
6. Principal Office Address	507	Alhim	State Zip 02,862		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name HMX	SolAno	Contact Title			
Street Address 96 Schoo GT		City Albiun	State RT Zip MBOZ		
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	A)	·	Date / 2/23/24		
Signature of Authorized Person					

FILED

FEB 2 3 2024

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MAIL TO:

Division of Business Services

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

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