		te of Rhode Isl		Fee: \$50.00
		the Secretary		
Division Of Business Services 148 W. River Street				
Providence RI 02904-2615				
1636		(401) 222-3040		
Limited Liability C Annual Report	ompany			
Filing Period: Februa	ry 1 - May 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024				
1. ID No. <u>001735603</u>				
2. Exact Name of the Limited Liability Company Weber, LLC				
3. State of Formation	on			
State: <u>RI</u>				
NAICS CODE				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>561510</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
HOME BASED TRAVEL AGENCY				
5. Principal Office	Address			
No. and Street:	273 MAPLE AVE			
City or Town:	BARRINGTON	State: <u>RI</u>	Zip: <u>02806</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: MICHELLE WEBER Contact Title: OWNER				
No. and Street: City or Town:	<u>273 MAPLE AVE</u> BARRINGTON	State: <u>RI</u>	Zip: <u>02806</u>	Country: <u>US</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
MICHELLE WEBER 273 MAPLE AVE BARRINGTON , RI 02806				

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 29 Day of February, 2024 at 4:09:44 PM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By MICHELLE WEBER

Signature of Authorized Person

Form No. 632 Revised 09/07

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