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State of Rhode Island Department of State - Business Services Division
A 11:

Annual Report for the year: 2004

→ 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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Entity ID Number	2. Exact name of the Limited Lia	bility Company						
001680788	Sesh glo	iss LLC						
3 NAICS Code	4. Brief description of the charac	ter of business conducted in Rhoo	de Island					
452990	sales of glass							
5. State of Formation		ער איי						
RI								
6. Principal Office Address 27 Rail F	Road Ave	city we sterly	State	02891				
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name HCNY	Delix	Contact Title						
Street Address 17	Tailroad Ave	con we sterly	StateRI	202891				
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	tenry De	(i)X	14/2014					
Signature of Authorized Person								

MAIL TO:

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

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