RI SOS Filing Number: 202448410290 Date: 3/12/2024 4:00:00 PM

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## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: **Limited Liability Company** 

MAR 1-2 2024

→ 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 Lia	bility Company				
000928436	MAC Group	lhC.				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
238190						
5. State of Formation	, ZAND DEUR	ECOPMENT				
6. Principal Office Address	_	City	State	Zip		
29010URTUIDT HA	11 Rand	Chepachet	RI.	02814		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title				
DArlene	. CZAVK	MANAGER				
Street Address	<u> </u>	City	State	Zip		
290 TOUCTELIER	- Hrn Rd	Chepachet	KI	02814		
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			
DARIENS	CLARK		2/24/	/2Y		
Signature of Authorized Person	Clark		· ·	•		

MAIL TO:

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

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