RI SOS Filing Number: 202448954730 Date: 3/14/2024 4:00:00 PM



## State of Rhode Island

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

Annual Report for the year: 2024
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

MAR 1 4 2024
2571

Entity ID Number	2. Exact name of the Limited Liability Company				
00 1471879	Camp Nowhere	. Uc			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
5. State of Formation	Restovant				
6. Principal Office Address		City	State	Zip	
1838 South Stoot,		North Providence	RI	62911	
7. Mailing Address of Limited Lia	sbility Company and Name or Titl	e of Contact Person		<u> </u>	
Contact Name		Contact Title			
<u>.                                    </u>					
Street Address 954 Charles St		North Providence	State	Zip CD9104	
8. The Resident Agent informati	on currently of record with the RI		. Changes requir	e filing Form 642	
	declare and affirm that I have e ments contained herein are tru		any accompany	ying schedules and	
Name of Authorized Person			Date		
Kenneth Au	ORIGIA)		34/2024		
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