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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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A F-MALAD AL	40.00					
1. Entity ID Number	2. Exact name of the Limited Liability Company					
00/698362.	1/ Stares St UC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
236117	Pasidential General Contractor					
5. State of Formation	1 - Courter Courter Courte					
8/20/2019						
6. Principal Office Address		City	State	Zio		
3 Cary havo	Cf.	Smith (ald	UT	029/7		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name WAUL Parrotti Contact Title						
Street Address CAN TONS CL		Smithfuld	State	2402817		
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 W ###################################	WHAY Pernetti		Date 2. /. 24			
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

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