

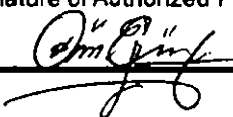


**State of Rhode Island
Department of State - Business Services Division**

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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.

1. Entity ID Number <u>001720051</u>		2. Exact name of the Limited Liability Company <u>Your Friend Lopez LLC</u>	
3. NAICS Code <u>236112</u>		4. Brief description of the character of business conducted in Rhode Island <u>Home Remodeling</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>9 Carl St Apt. 1</u>		City <u>Providence</u>	State <u>RI</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Oscar Lopez</u>		Contact Title <u>Member</u>	
Street Address <u>9 Carl St Apt. 1</u>		City <u>Providence</u>	State <u>RI</u>
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 <u>Oscar Lopez</u>			Date <u>03-19-2024</u>
Signature of Authorized Person 			

FILED

MAR 19 2024

BY NDWPJ
TRC

MAIL TO:
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Website: www.sos.ri.gov