

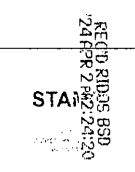
Department of State - Business Services Division

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.



Entity ID Number	2. Exact name of the Limited Liability Company			
001663265	Montesino Translation, LLC 4. Brief description of the character of business conducted in Rhode Island TRANSLATION SERVICES			
3. NAICS Code 541930				
5. State of Formation				
6. Principal Office Address		City	State	Zip
24 CORLISS STREET #6387		PROVIDENCE	RI	02904
7. Mailing Address of Limite	ed Liability Company and Name of	r Title of Contact Person		
PEDRO J. MONTESINO JR.		Contact Title AGENT		
Street Address 24 CORLISS STREET #6387		City PROVIDENCE	State RI	^{Zip} 02904
8. The Resident Agent infor	mation currently of record with the	e RI Department of State is accurate	. Changes requir	
	ry, I declare and affirm that I hav tatements contained herein are	re examined this report, including	впу ассотрап	ying schedules and
Name of Authorized Person			Date	
DESIRE CABBABE			04/02/2024	
Signature of Authorized Per	gon/le			

FILED APR 0 2 2024
BYMLQCZDY

MAIL TO:

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

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