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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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1. Entity ID Number	2. Exact name of the Limited Liability Company					
001704923	Storetech Masony CCC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
238140						
5. State of Formation						
RI	Masonry					
6. Principal Office Address	·	City	State	Zip		
285 NorFolk AU		Paw to cket	[S]	02861		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title				
Jose Garcia		Owner				
Street Address		City	State	Zip		
285 NoxFork. Au		Pawfuctet	RI	02861		
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			
Jose' Garcia			4-4-24			
Signature of Authorized Person						
ALP WAR.						

FILED

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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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