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

Annual Report for the year: 2004

-> 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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REC'D RIDOS BSD 14 APR 5 PH2:29:48	•

1. Entity ID Number	2. Exact name of the Limited Liability Company					
001754372	Drowholesales APPLIANCES					
3. NAICS Code ULS G20	4. Brief description of the character of business conducted in Rhode Island  Sau And Andrews					
5. State of Formation						
RI	Vento- Le Appliances Usado  City State Zip  9245ett Au providence RI 02907					
6. Principal Office Address		City	State	Zip		
140 Marra	gaugett Au	providence	RI	02907		
	bility Company and Name or Title					
Contact Name  DARIO OZUNO  Contact Trile						
Street Address		City	State	Zip 0000		
11 pum	9 ChceTT ST	Providence	R+	02908		
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.  1						
Name of Authorized Person			Date	7		
DARIO OLUBO			20/			
Signature of Authorized Person						

FILED

APR 0 5 2024 BY 6258 4

MAIL TO:

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

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