	State of Rhode Is	sland Fee: \$50.00
	Office of the Secretar	ry of State
	Division Of Business 148 W. River Str	
	Providence RI 0290	
1636	(401) 222-304	
Limited Liability (Annual Report Filing Period: Februa		
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.		
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024		
1. ID No. <u>00175</u>	<u>55974</u>	
2. Exact Name of the Limited Liability Company Modus Architecture, PLLC		
3. State of Format	ion	
State: <u>TX</u>		
	NAICS CODE	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
<u>541310</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
ARCHITECTURE	<u>E</u>	
5. Principal Office	Address	
No. and Street: 40	040 N. CENTRAL EXPY SUITE 720	
City or Town: D	ALLAS	State: <u>TX</u> Zip: <u>75204</u> Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
	DIA MUNFORD Contact Title:	
	040 N. CENTRAL EXPY SUITE 720 040 N. CENTRAL EXPY SUITE 720	
	ALLAS	State: TX Zip: 75204 Country: USA
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11		

<u>UNITED STATES CORPORATION AGENTS, INC. 222 JEFFERSON BOULEVARD, SUITE 200</u> <u>WARWICK</u> , RI 02888

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 11 Day of April, 2024 at 12:22:54 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By LIDIA MUNFORD

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved