RI SOS Filing Number: 202451921240 Date: 4/22/2024 4:00:00 PM



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.

<u> </u>	
REC'D RIDOS BSD 24 APR 22 PM1:39:0	
\boldsymbol{v}	

1. Entity ID Number	2. Exact name of the Limite	d Liebility Company				
1738877	TENSE LU					
3. NAICS Code \(\) \ \(\) \ \(\) \ \(\) \ 5. State of Formation \(\) \(\) \(\)	4. Brief description of the ch	naracter of business conducted	d in Rhode Island			
6. Principal Office Address 790 Charles	st	City Prov	State RI	21p 02904		
7. Mailing Address of Limited Lie	ibility Company and Name or	Title of Contact Person				
Contact Name Lochey Ke Street Address	,th	Contact Title ĈEO				
Street Address P.O. Box 4/48/		CHY Prov	State RI,	2ip 02940		
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 Rodney Leith			7-22-24			
Signature of Authorized Person				10000000000		

FILED

APR 2 2 2024

KR

MAIL TO:

Division of Business Services

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

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