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State of Rhode Island 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.

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Entity ID Number	2. Exact name of the Limited Liability Company				
001742241	D Ross T14K Multiservice LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
448310	Retail sales of jewelry and multiservices				
5. State of Formation	_				
Rhode Island					
6. Principal Office Address	<u> </u>	City	State	Zip	
115 Sumter St. Fl. 2	Providence		RI	02907	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Rosa Taveras Rojas		Contact Title Owner			
Street Address 115 Sumter St. Fl. 2		City Providence	State	^{Zip} 02907	
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 ,		
Rosa Taveras Rojas 4/24/2024			4/2024		
Signature of Authorized Person					

FILED 334 APR **26** 2024

MAIL TO:

Division of Business Services

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

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