RI SOS Filing Number: 202453893770 Date: 4/29/2024 4:00:00 PM



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.

			<u> </u>	
1. Entity ID Number	2. Exect name of the Limited DAV RO N	MANY UE		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531110				
5. State of Formation	1 RGAL G4	1/12		
6. Principal Office Address 1115 MAWH	uns	WARWELL	State Zip OZO	36
7. Mailing Address of Limited	Liability Company and Name or T	Itie of Contact Person		
PLINNE GOLDEN ENGLE		Contact Title PULS NOW		
My MALDHI	un	ENARWC(C	State Zip Zip	36
8. The Resident Agent inform	ation currently of record with the F	RI Department of State is accurate.	Changes require filing Form 6	42.
	I declare and affirm that I have tements contained herein are tr	examined this report, including a we and correct.	any accompanying schedule	es and
Name of Authorized Person (INNHE GO WEN GNG K)			1/30 MOZY	
Signature of Authorized Person				
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FILED

APR 29 2024

BY EMSKB

A.R

MAIL TO:

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

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