		of Rhode Islan ne Secretary of	-	Fee: \$50.00
		Of Business Serv W. River Street	ices	
		nce RI 02904-26	15	
1636			15	
	(4)	01) 222-3040		
Limited Liability Annual Report	Company			
Filing Period: Febr	uary 1 - May 1			
In accordance with	R.I.G.L. 7-16-66(d), each lim	ited liability com	any failing or	
	annual report within thirty (30)		ne prescribed b	<i>y</i>
law (R.I.G.L. 7-16-0	66(b&c)) is subject to a penal	ty fee of \$25.00.		
ANNUAL REPORT	TYEAR - ENTER THE CURRE	NT YEAR <b>2024</b> :	<u>2024</u>	
1. ID No. <u>0017</u>	728811			
2. Exact Name of	f the Limited Liability Compa	ny <u>Top Notch De</u>	etailing LLC	
3. State of Forma	ation			
State: <u>RI</u>				
	NA	ICS CODE		
-	NAICS Code that best describ of codes <u>here.</u> More information			
<u>9999999</u>				
4. Brief Description Island AUTO DETAIL	on of the Character of the Bu ING	siness Which is	Actually Condu	ucted in Rhode
5. Principal Office	e Address			
	133 HALLENE ROAD			
5. Principal Office		State: <u>RI</u>	Zip: <u>02886</u>	Country: <u>USA</u>
5. Principal Office No. and Street: City or Town:	<u>133 HALLENE ROAD</u> <u>SUITE B1</u> <u>WARWICK</u>			
<ul> <li>5. Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> <li>6. Mailing Addres</li> </ul>	133 HALLENE ROAD         SUITE B1         WARWICK         ss of Limited Liability Compared	ny and Name or <sup>-</sup>		
<ul> <li>5. Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> <li>6. Mailing Addres</li> </ul>	<u>133 HALLENE ROAD</u> <u>SUITE B1</u> <u>WARWICK</u> ss of Limited Liability Compar- JARRED MARTIN Contact Title	ny and Name or <sup>-</sup>		
<ul> <li>5. Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> <li>6. Mailing Address</li> <li>Contact Name: <u>J</u></li> </ul>	<u>133 HALLENE ROAD</u> <u>SUITE B1</u> <u>WARWICK</u> SS of Limited Liability Compare <u>JARRED MARTIN</u> Contact Title <u>133 HALLENE ROAD</u>	ny and Name or <sup>-</sup>		
<ul> <li>5. Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> <li>6. Mailing Address</li> <li>Contact Name: <u>J</u></li> </ul>	<u>133 HALLENE ROAD</u> <u>SUITE B1</u> <u>WARWICK</u> ss of Limited Liability Compar- JARRED MARTIN Contact Title	ny and Name or <sup>-</sup>		

## 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JARRED MARTIN 133 HALLENE RD SUITE B1 WARWICK , RI 02886

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

**Signed this 30 Day of April, 2024 at 6:59:28 AM 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 JARRED MARTIN

Signature of Authorized Person

Form No. 632 Revised 09/07

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