RI SOS Filing Number: 202453331830 Date: 4/30/2024 12:40:00 PM State of Rhode Island
Department of State - Business Services Division
Report for the year:
Liability Company

Ig period: February 1 - May 1
g Fee: \$50.00
alty: Additional \$25.00 fee if form is not filed by May 31. Annual Report for the year: **Limited Liability Company** 

1. Entity ID Number 2. Exact name of the Limited Liability Company 3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island 697 5. State of Formation 6. Principal Office Address City State Zip 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Title City Street Address State 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 4-30-24 ohAuthorized Person Signatur

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MAIL TO:

**Division of Business Services** 

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