

## State of Rhode Island

## **Department of State - Business Services Division**

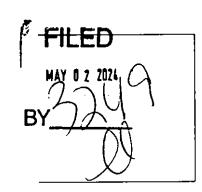
Annual Report for the year: Limited Liability Company

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



Entity ID Number	2. Exact name of th	e Limited L	iability Company			<u></u>
001692051	Fand	M	Developmen	nt.	LLC.	
3. NAICS Code  5. State of Formation  4. Brief description of the character of business conducted in Rhode Island  Rhode Island						
Rhode Island		•				<u> </u>
6. Principal Office Address  63 Dell www.	d Rd.		Cransto	n	State	Zip 02920
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Gina Valelli			Contact Title  OWNER			
Street Address  Bell wood Rd.			city Cransto	m	State	02920
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 Sina Valelli				Date 4/20/24		
Signature of Authorized Person. Wina M. Valelli						

## MAIL TO:

**Division of Business Services** 

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

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