Statesof Bhodniki Department of	Indumber: 202454380530 Date: 5/3/2024 4:00:00 PM State - Business Services Division
Annual Report for the year. Limited Liability Company → Filing period: February → Filing Fee: \$50.00 → Penalty: Additional \$25.0	MAY 1
1. Entity ID Number	2. Exact name of the Limited Liability Company
001767185	OBREGORDADO NPavent
3. NAICS Code 531390 5. State of Formation	4. Brief description of the character of business conducted in Rhode Island Real Estate
6. Principal Office Address 35 Maple Ave	City State Middletown RI

Contact Title owner

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

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

NICOLE pavente

statements, and that all statements contained herein are true and correct.

parente

MAIL TO:

Contact Name

Street Address

Name of Authorized Person

Signature of Authorized Person

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 02840

Zip

Date 4/20/24

State