

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

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.



1. Entity ID Number	2. Exact name of the Limited Lia	bility Company	•	
001705991	H & S Oceo	in State LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531390	Real estate investor. Short/long term rentals			
5. State of Formation				
RI				
6. Principal Office Address	<u> </u>	City	State	Zip
43 Oak Ave		Laychmont	нy	10538
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person		
Contact Name William 5		Contact Title		
William Shen Mr.				
Street Address 43 Oak	Ave	City Larchmont	State Uy	Zip 10538
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
	eclare and affirm that I have ex- nents contained herein are true		any accompany	ing schedules and
Name of Authorized Person William	fAuthorized Person William Shen		Date 4/29/2024	
Signature of Authorized Person	William En	Len		

Division of Business Services

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