

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024 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.

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| 1. Entity ID Number | 2. Exect name of the Limits | ed Liability Company | | | | |
|---|---|---------------------------|-------|---------------|--|--|
| 1676982 | Earl | tre 120 | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 485310 | <u> </u> | | | | | |
| 5. State of Formation | 1 / | | | | | |
| nt. | tari | - love | | | | |
| 6, Principal Office Address | 1 | City | State | ZIp | | |
| 485 Cant | ast | moraley | nI | 02902 | | |
| 7. Meiling Address of Limited Lie | bility Company and Name o | r Title of Contact Person | | | | |
| Contect Name | | Contact Title | | - | | |
| Toul In | | Wilt | | | | |
| Street Address | | thy | State | Zip | | |
| 226 Men a | CF | Morden | RE | 12909 | | |
| 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 | 0 | | Date | | | |
| Full PAZa | L | | 5-6: | 424 | | |
| Signature of Authorized Person | | | | | | |
| 0 | - | | | | | |
| | | | | | | |

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MAY 0 6 2024 BY 94NB7

MAIL TO:

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

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