

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

7624 Annual Report for the year: **Limited Liability Company** 

-> Filing period: February 1 - May 1

→ Filling 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. Exact name of the Limited Liability Company					
001704466	VPLUS LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
238 330	Company to the control of the contro					
5. State of Formation	flooring services, Install, repair a regiment					
RI	J					
5. Principal Office Address		City	State	Zip		
186 mapletre		Barrington	RI	02506		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Chung Noryen		Contact Title  OW NUT				
					186 Maple Ave	
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  hung Ngwyen			Dete 04/27/24			
Signature of Authorized Person	men d			,		

FILED

MAY 1 2024 2:14

MAIL TO:

**Division of Business Services** 

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

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