

State of Rhode Island

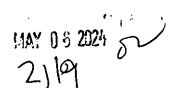
Department of State - Business Services Division

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.



1. Entity ID Number	2. Exact name of the Lin	2. Exact name of the Limited Liability Company			
001734582	Otto's Wholesal	Otto's Wholesale, LLC			
3. NAICS Code 423110	· ·	4. Brief description of the character of business conducted in Rhode Island BUSINESS CLEANING AND HYGIENE PRODUCT WHOLESALERS.			
5. State of Formation Rhode Island					
6. Principal Office Address		City	State	Zip	
433 George Waterman Road		Johnston	RI	02919	
7. Mailing Address of Limite	ed Liability Company and Name	or Title of Contact Person			
Contact Name Otoniel Andres		Contact Title			
Street Address 164 Cross Street		City Central Falls	State RI	^{Zıp} 02863	
8. The Resident Agent info	mation currently of record with	the RI Department of State is accura	ite. Changes requir	e filing Form 642.	
	ry, I declare and affirm that I I tatements contained herein a	have examined this report, including true and correct.	ng any accompany	ring schedules and	
Name of Authorized Person			Date		
OTONIEL ANDRES, MEMber			05/01/2024		
Signature of Authorized Pe					

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

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