

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

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

-> Filing period: February 1 - May 1

→ Fliing 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 Liability Company			
1708833	HTMONDER SONLANDECAPHS 11C			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
56 1770				
5. State of Formation	Landsco	OPHO.		
RI	4200	~ · · · · · · · · · · · · · · · · · · ·		
6. Principal Office Address		City	State	Zip
60 DEWEY.S	7	Providence	Ri	02909
7. Mailing Address of Limited L	والمتحدد	His of Contact Person		
Contact Name LULIN (-1 T/C		Contect Title		
Steel Address 60 dewx		Chyptovidenda	State , Ri	02909
		RI Department of State is accurate.	Changes require	filing Form 642.
	declare and affirm that I have	exemined this report, including a		
Name of Authorized Person			Date To Control To	
LUDA HERAMNEZ			Date 5/8/2024	
Signature of Authorized Person	1.			
- Care				

MAIL TO:

Division of Business Services

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

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

MAY -8 2024

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