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

Annual Report for the year: 207

→ 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. Exact name of the Limited Liability Company		
00/660928 Home Swe Investment. UC		
3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island	<b>٠</b> ,	
531590 Bay. Sell and Hold DED ( STA	te	
RI Of all Hoto Re	r	
6. Principal Office Address State Zip		
9-11 50 les popast spite travidence Rt 029	05	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person		
Contact Name Contact Title		
Felix A. Soutos C20		
Street Address Zip		
1/ Solisbury 85 Travidence Kt 022	105	
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	,	
FELX 1,000005 05/22/2	<u>,</u>	
Signature of Authorized Person		

MAIL TO:

Division of Business Services

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

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

FORM 632 - Revised: 12/2023