

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

Annual Report for the year: **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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Entity ID Number	2. Exact name of the Limited Liability Company				
DERTOO #\$100	2 liftmissy	Appaul Compan	Y		
3 NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
315120	Sports apporel				
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
ace victory	- twy	Greene	RI	02822	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Cary Curr		fondo			
Street Address	H	City	State	Zip	
que victur	y Imy	been	IRI	04827	
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			Date		
Casey Euro			15/3/29		
Signature of Authorized Person					
		-	•		

FILED 11:52
MAY 22 2024
BY C4BW5
AM

MAIL TO:

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