

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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1. Entity ID Number	2. Exact name of the Limited Liability Company				
00171072	Liftmissy	Apparel 1	Company	 	
3. NAiCS Code	4. Brief description of the character of business conducted in Rhode Island				
1315120	sports appoint				
5. State of Formation	1 '				
RI					
6. Principal Office Address		City	State	Zip	
966 victory truy		Greene	RI	02827	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Casey Quina		Founder			
Street Address		City	State	Zip	
goo victory trust		Greene	RI	02827.,	
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	Date	
Casey Ques			15/3/24		
Signature of Authorized Person					
Chy (2)					

FILED

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BY CYBWS

MAIL TO:

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