State of Rhode Island Office of the Secretary of State	Fee: \$50.00			
Division Of Business Services 148 W. River Street				
Providence RI 02904-2615 (401) 222-3040				
Limited Liability Company Annual Report Filing Period: February 1 - May 1				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.	y			
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR <b>2024</b> : <u>2024</u>				
1. ID No. <u>001764195</u>				
2. Exact Name of the Limited Liability Company <u>Triplemart, LLC</u>				
3. State of Formation				
State: <u>RI</u>				
NAICS CODE				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>541519</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
TRIPLEMART, LLC IS A NEWLY ESTABLISHED BUSINESS IN THE STATE, SINCE ITS ESTABLISHMENT IN OCTOBER 2023 IT HAS BEEN UNABLE TO OPERATE DUE TO				
<u>SERIOUS</u> <u>FINANCIAL CONSTRAINS BUT, ON MAY 5, 2024. TRIPLEMART FINA</u>	ALLY OPENED ITS			
DOOR FOR OFFICIAL BUSINESS. TRIPLEMART IS ESTABLISHED AS ALTERNATIVE TO	AN			
OFFER A ONE STOP SHOP FOR SERVICES IN THREE BUSINESS DEPA	ARTMENTS,			
<u>COMPUTER,</u> <u>PRINTING AND SHIPPING. CUSTOMERS WILL EXPERIENCE A UNIC</u>	UE FEEL WITH			
OUR ONE STOP SHOP THAT PROVIDES A WIDE VARIETY OF SERVICES IN CO	MPUTER,			
PRINTING	<u>,</u>			
AND SHIPPING.				

5. Principal Office Address					
No. and Street:	105 BLACKSTONE AVE				
City or Town:	PAWTUCKET	State: <u>RI</u>	Zip: <u>02860</u>	Country: <u>USA</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:					
Contact Name: BILL A PASSAWE Contact Title: CEO					
No. and Street: City or Town:	<u>33 PRINCE STREET</u> PAWTUCKET	State: <u>RI</u>	Zip: <u>02860</u>	Country: USA	
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11					
BILL A. PASSAWE <u>33 PRINCE ST. PAWTUCKET</u> , <u>RI 02860</u>					
8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).					
Signed this 28 Day of May, 2024 at 4:37:53 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16. By <u>BILL A. PASSAWE</u> Signature of Authorized Person					
Form No. 632 Revised 09/07					
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