RI SOS Filing Number: 202454996290 Date: 5/28/2024 11:37:00 AM



State of Rhode Island

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2024 MAY 28 AM II: 32

Annual Report for the year: -2024, **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.

| | | | | |
|---|---|-------------|--------------|-------------|
| Entity ID Number | 2. Exact name of the Limited Liability Company | | | |
| 001712392 | SHED WIT | TH JOCE LLC | | |
| 3. NAICS Code 8 2/12 5. State of Formation | 4. Brief description of the character of the SALD I | | Rhode Island | |
| 6. Principal Office Address | | City | State | Zıp |
| 1454 Main ST | | West WARW | il PI | 02893 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name JOLEIYN TRAVERS MEMBER | | | | |
| Street Address Same as abwe | | City | State | Zip |
| 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 | | | | |
| JOLEIGH TRAVERS 3/02/2 | | | | 2/2024 |
| Signature of Authorized Person | | | | |
| , | | | | |

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MAY 28 2024 11:37

MAIL TO:

Division of Business Services

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

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