



State of Rhode Island
Department of State - Business Services Division

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.

FILED

MAY 30 2024

BY

[Handwritten signature]

1. Entity ID Number 000535076		2. Exact name of the Limited Liability Company Mowrer, LLC	
3. NAICS Code 541600		4. Brief description of the character of business conducted in Rhode Island Media and Story Consulting	
5. State of Formation Rhode Island			
6. Principal Office Address 6 Carriage Trail		City Barrington	State RI
		Zip 02806	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Gail Mowrer		Contact Title Principal	
Street Address 6 Carriage Trail		City Barrington	State RI
		Zip 02806	
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 Gail Mowrer			Date 5/27/2024
Signature of Authorized Person <i>Gail Mowrer</i>			

MAIL TO:

Division of Business Services
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