

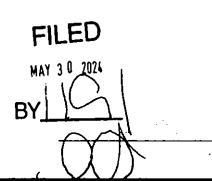
State of Rhode Island Department of State - Business Services Division

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.



Entity ID Number	2. Exact name of the Limited Liability Company				
000535076	Mowrer, LLC				
3. NAICS Code 541600	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		City	State	Zīp	
6 Carriage Trail		Barrington	RI	02806	
7. Mailing Address of Limite	d Liability Company and Name or Tit	le 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 infor	mation currently of record with the RI	Department of State is accur	rate. Changes require	e filing Form 642.	
	y, I declare and affirm that I have e atements contained herein are tru		ing any accompany	ring schedules and	
Name of Authorized Person			Date		
	Gail Mowrer			5/27/2024	

MAIL TO:

Division of Business Services

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

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