

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

-> 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					
001731480	Be-UP Monogement LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
236118						
5. State of Formation	Residential Remadeler					
RI	110)14 01/10/ 17 01/	0,507.60				
6. Principal Office Address		City	State	Zip		
66 urban Ave	APH 34	North Province	RI	02404		
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person				
Contact Name Contact Title						
Mitchell CAllute		Monogor City State Zip NOITH Providence RI 02904				
Street Address		City	State	Zip		
66 urban Ave	AP + 34	North Providence	RI	02904		
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	1		
Mitchell califfe		<u>5/31/24</u>				
Signature of Authorized Person	0		1			

MAY 31 2024
BY KKK WH

MAIL TO:

Division of Business Services

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

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