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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.

1. Entity ID Number	2. Exact name of the Limited Liability Company		
001739499	ARIMILTA MULTISERVICES LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
541213	MULTI SERVICE		
5. State of Formation			
RI			
6. Principal Office Address	City	State	Zip
1311 BROAD ST	PROVIDENCE	RI	02905
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: ARIMIL A TAVAREZ	Contact Title: MANAGER		
Street Address: 1311 BROAD ST	City: PROVIDENCE	State: RI	Zip: 02905
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: ARIMIL A TAVAREZ		Date:	
Signature of Authorized Person			

FILED 237
JUN 05 2024
BY 5BEJ7
PS

MAIL TO:
Division of Business Services
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