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2019

Department of State - Business Services Division SECRETARY OF STATE

2024 JUN 11 PM 1: 06

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
764712	MADNEE HOWENGS LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531110	REAL ESTATE NA	2. A			
5. State of Formation	NEAC SOLAIS WA	000 800 63			
RI					
6. Principal Office Address		City	State	Zip	
4433 post ROAD		EAST GREINWEEH	AZ	02818	
7. Mailing Address of Limited Lia	ibility Company and Name or Title	of Contact Person			
Contact Name		Contact Title			
DELANO BROOKS		City State Zip  EAST GREENWEEK RZ 02818			
Street Address		City	State	Zip	
4433 POST ROAN		EAST GREENWEEK	RE	02818	
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	, .	
DECAN	10 Baroks		5/29/24		
Signature of Authorized Person	Midde		<u></u>		

FILED

JUN 11 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