

State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 3031 **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.

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1. Entity ID Number 529854	2. Exact name of the Limited Lia	bility Company Hy Manazement L	LC	
3. NAICS Code 531110 5. State of Formation RT	4. Brief description of the character Rental Rope	ler of business conducted in Rhoo	te Island	
6. Principal Office Address 446 Product	?ik	city North Smithfield	State	Zp 02856
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person	*************************************	<u> </u>
Jandle Spenu		Contact Title Manash		
Street Address Platidanu	Pike	North Smithfield	State	J2860
8. The Resident Agent information	n currently of record with the RI D	•		ling Form 642.
9. Under penalty of perjury, I d statements, and that all staten			y accompanyin	g schedules and
Name of Authorized Person Janelle Spende		_	Date 6.12-24	
Signature of Authorized Person	my -			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov