RI SOS Filing Number: 202456969300 Date: 6/18/2024 4:00:00 PM

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.

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1. Entity ID Number 2. Exact name of the Limited Lia	
001756208 Taomale L	imited liability Ompany
3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island	
1 236118 11:00	Construction
5: State of Formation Pemo Veling,	CONS HUCKTON
RI O	
6. Principal Office Address	etty State Zip
38 Winthmo all	Froudence RI 02908
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person	
Contact Name	Contact Title
Haola Marmolejos	Owner
Street Address 38 (1)) 10 Lawren (1) Me.	Cit Providence State Zip 3908
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 Ob/18/2024	
Signature of Authorized Person	
Ladis Mar-okyos	

FILED '

JUN 1 8 2024 BYMR9X

MAIL TO:

Division of Business Services

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

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