RI SOS Filing Number: 202457837400 Date: 7/11/2024 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 Liability Company | | | | |
|---|---|-----------|--------|-------|--|
| 17/9/14 | M5M Holding5 LLC | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 423720 | Wholesole, B2B | | | | |
| 5. State of Formation | Wholeson, DFV | | | | |
| RI | | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 1703 Cranston S | treet, Cravoton, RF | Cranston. | RI | 02920 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Contact Title | | | | | |
| Mario Macera owner/ | | owner/Pra | sident | | |
| Street Address |) / | City 🔊 .l | State | Zip | |
| 1723 Chastan Street | | Chanston | K+ | 02420 | |
| 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 | | | | | |
| Mario Macera | | 7/11/2024 | | | |
| Signature of Authorized Person | | | | | |
| Maxio Marine | | | | | |

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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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