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Entity ID Number	2. Exact name of the Limited Liability Company			
0001729837	Svarer A	topliances Li	C	
3. NAJCS Code	4. Brief description of the character of business conducted in Rhode Island			
423620	1 .			,
5. State of Formation	USED APPIC	unces		
RI	17713			
6. Principal Office Address		City	State	Zip
954 Manton Ave.		Providence	KI	07909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Amara L. Ayala				
Stree Address	-1	eng /	State	Zip
23 Mind St.		Providence	RI	02909
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 AQthorized Person Date				
Lorgha L.	(Ayalar)	7/2/24		
Signature of Authorized Person				
Guera L Sida				

RI DOS MADE NON-SUBSTANTIVE EDITS

FILED

MAIL TO:

Division of Business Services

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

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