Anni Limi	

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.

FILED

JUL 19 2024

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1. Entity ID Number	2. Exact name of the Limited Lia	bility Company			
01.16205	AD. B. UARIET	I 65			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
455219	All other general retail merchants				
5. State of Formation	· ·				
RI					
6. Principal Office Address		City	State	Zip	
110 Summat	_ St	Pawtucket	RI	02860	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Abel P Ramos		Munager City State Zip 02860			
Street Address	t	City	State	Zip	
16 Summit S	5+	Pautucket	K.L	02860	
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	umos		Date/_	(-2024	
Signature of Authorized Person					

MAIL TO:

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

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