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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023 **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 2 763 7	2. Exact name of the Limited Lia	bility Company Le[MINA-Design	\$Inter	in Il
3. NAICS Code				
5. State of Formation	Interior Do	sign Sewices		
6. Principal Office Address	Ane	tast Green wh	State P(2ip 02818
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Pelogu	\mathcal{M}	Contact Title OWNER		
Street Address 140 KNX 11 WOA	Ave	East Greenuch	State 2	Zip OZSW
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 Prison	2		Date 7/2	5/24
Signatule of Authorized Person HWDOV Felog VIVI				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 29 2024