

## State of Rhode Island

**Department of State - Business Services Division** 

2024
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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 L	ishility Company				
000792850	SLS, LLC					
	4. Brief description of the character of business conducted in Rhode Island Coin-Operated Laundries and Drycleaners					
3. NAICS Code 812310						
5. State of Formation RI			_			
6. Principal Office Address		City	State	Ζip		
64 Newport Avenue		Rumford	RI	02916		
7. Mailing Address of Limited L	iability Company and Name or Tr	tle of Contact Person				
Christopher Saunders		Contact Title Owner				
Street Address 1742 Main Street		City West Warwick	State RI	<sup>Zip</sup> 02893		
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, statements, and that all state	declare and affirm that I have aments contained herein are tro	examined this report, including ie and correct.	any accompany	ing schedules and		
Name of Authorized Person			Date			
Christopher Saunders			8/21/24			
Signature of Authorized Person	n					

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MAIL TO:

**Division of Business Services** 

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

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