

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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|---|--|---------------|------------|-------|--|
| Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
| 001725218 | My TUTOR BUILD LLC | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | |
| 611519 | My Tutor Build LLC is a Platform welsigned | | | | |
| 5. State of Formation | to provide Extrat help and one on one dession | | | | |
| RI | My Tutor Build LLC is a Platform weldighed to provide Extral help and one on one sessions to students who want to make up for seing behind or seek to se alead in their classes. | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 63 Rale Ave | | Cransfon | BI | 02910 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name | • | Contact Title | | | |
| NORly Germa | in | Director | | | |
| Street Address | | City | State | Zip | |
| 63 Dale AVE | | Cransfor | RI | 02910 | |
| 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 | | | | | |
| NORLY GERMAIN | | | 08/23/2024 | | |
| Signature of Authorized Person | | | | | |
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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 FILED

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FORM 630 - Prevised 12/2023