

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

→ 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 Lia	bility Company			
00/689208	Data Bo	Y, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
517919 5. State of Formation	Structure	d Cabling			
RI					
6. Principal Office Address		City	State	Zip	
50 Crest D	rive	Cranston	RI	05921	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Carlos Pi	MUID	Owner			
Street Address 50 Crcs+	Drive	Cranston	State	^{Zip} 02921_	
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	los Pineuro		Date 08/23	boay	
Signature of Authorized Person . arlosting w					
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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