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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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
1663658	Speedy Otcome	Solutions LLC			
5. State of Formation	4. Brief description of the character of business conducted in Rhode Island passive investment strategy by stock an hold for alsho long term time irrespective of the market fluctuations				
6. Principal Office Address	•	City	State	Zip	
10 Box 10	0	Fiskeville	RI	02823	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Title Contact Title					
Street Address Po Box	100	City Fiskerille	State	^{Zip} 0.823	
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 ReGeneral Townson			Date 8/24/29		
Signature of Authorized Person	efor				

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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