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.

1. Entity ID Number

OO 1726630

A Brief description of the character of business conducted in Rhode Island

| 1. Entity ID Number  | 2. Exact name of the Limited Liab  | bility Company                       |               |                  |
|--|--|--------------------------------------|---------------|------------------|
| 001726630  | 4. Brief description of the character of business conducted in Rhode Island                                    |                                      |               |                  |
| 3. NAICS Code  | 4. Brief description of the character of basilities  |                                      |               |                  |
| 812990   | Personne Trains  | ing                                  |               |                  |
| 5. State of Formation  |  |                                      |               |                  |
| /2I  |  | City                                 | State         | Zip              |
| 6. Principal Office Address  |  | 1 City N. Providonce                 | RI            | 82904            |
| 1000 200 34300   | aL Sering Ave  |                                      |               |                  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Title |  |                                      |               |                  |
| Contact Name   |  | 1,                                   |               |                  |
| Joseph Taylor  |  | OWNER                                | State         | Zip              |
| Circot Address   |  | OWNER<br>O. Providince               | PI_           | 02904            |
| 1075 Milleray  | total is appurate. Changes require liling round on.  |                                      |               |                  |
| 8 The Resident Agent informa   | ation currently of record with the RI<br>I declare and affirm that I have e<br>ements contained herein are tru | Department of State is essentially a | ny accompanyi | ng schedules and |
| 9. Under penalty of perjury,   | I declare and affirm that I have e   | e and correct.                       |               |                  |
| statements, and trial an statement   |  |                                      | Date          |                  |
| Name of Authorized Person  | <del>r</del>   |                                      |               |                  |
| Josun  | AVCUA  |                                      |               |                  |
| Signature of Authorized Person   | on //  |                                      |               |                  |
| h for  |  |                                      |               |                  |
|  |  |                                      |               |                  |
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FILED

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MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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