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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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1. Entity ID Number	2. Exact name of the Limited Lia	bility Company		11.0		
000789504	EMMANUE/Simportune'S And REPORT SHOP					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
811111	CAT REPORT DO MECHANIC REPORT					
5. State of Formation	ME CHANIC WOYK, EAY FLECTICAL WORK					
RHODE ISLAND	Air condition					
6. Principal Office Address	<u> </u>	City	State	Zip		
1067 ELMWOOD AVE		Providence	RI	02907		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title				
Emmanual Hidalad		OWNEY				
Street Address		City	State	Zip		
259indiANA AVE		PYDUILENCE	IR.I	02905		
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 /			
Emmanuel HidalyD			9/13	12024		
Signature of Authorized Person						
Carl XUNO						

FILED

SEP 1 3 2024

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov