RI SOS Filing Number: 202459364300 Date: 9/13/2024 12:00:00 PM



State of Rhode Island

Department of State - Business Services Division

REC'D RIDOS BSD '24 SEP 13 6411:58:0

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	2. Exact name of the Limited Lia	bility Company		LLC
000789504	EMMANUE/Simportune'S And REPAIR SHOP			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
811111	CAY REPORT OF MECHANIC PLEPOIT			
5. State of Formation	ME CHANIC WORK, EAY Electrical work			
RHOCE island Air condition				
6. Principal Office Address		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		
EMMANUEL HIDALAD		OWNEY		
Street Address		City	State	Zip
25 gindiANA AVE		PYDuidEnce	R.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 /	· · · · · · · · · · · · · · · · · · ·
EMMANUE	L HidulyD		9/13	12024
Signature of Authorized Person				
1 C - D X - SO				

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

H. 12:00 PM