RI SOS Filing Number: 202460283850 Date: 9/23/2024 1:01:00 PM



## State of Rhode Island

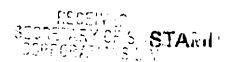
## **Department of State - Business Services Division**

2024 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.



2024 SEP - 3 PX 4: CLEVED
R.I. DEPT. OF STATE
BUS SVCS DIV

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Entity ID Number	2. Exact name of the Limited Liability Company				
001709440	HOMBRE DE NEGOCIO ENT LLC				
3. NAICS Code 5. State of Formation	Brief description of the character of business conducted in Rhode Island     CLOTHING DESIGN DISTRIBUTION				
RHODE ISLAND					
6. Principal Office Address	<del></del>	City	State	Zip	
2 MARLBOROUGH AVE		PROVIDENCE	RI	02907	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ROY VALERIO		Contact Title PRESIDENT			
Street Address 2 MARLBOROUGH AVE		City PROVIDENCE	State	<sup>Zip</sup> 02907	
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	Date	
ROY VALERIO			05/08/2024		
Signature of Authorized Person					

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 323D2 AA. 1:01PM.