RI SOS Filing Number: 202460634760 Date: 10/16/2024 9:11:00 AM State of Rhode Island **Department of State - Business Services Division** Annual Report for the year: **Limited Liability Company** → Filing period. February 1 - May → Penalty: Additional \$3,000 fee if form is not filed by May 31. 2. Exact name of the Limited Liability Company 4. Brief description of the character of business conducted in Rhode Island State of Formation MPROVEME Zip 6. Principal Office Address State 52906 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Title State Ζip O2906 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. Date Name of Authorized Person 10 Signature of Authorized Person

MAIL TO:

Division of Business Services

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