

## State of Rhode Island Department of State - Business Services Division

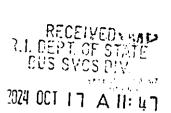
Annual Report for the year:

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	2. Exact name of the Limited Liability Company			
001715469	The Joint On the Corner LLC			
3. NAICS Code 445120	Brief description of the character of business conducted in Rhode Island     Convenience Store			
5. State of Formation				
Rhode Island				
6. Principal Office Address		City	State	Zip
10 Main Street		Manville	RI	02838
7. Mailing Address of Limite	d Liability Company and Name or Title	of Contact Person		
Contact Name Maurice Doire		Contact Title Owner		
Street Address 17 Briens Court		City Woonsocket	State RI	<sup>Zip</sup> 02895
8. The Resident Agent infor	nation currently of record with the RI D	Department of State is accura	ite. Changes requir	e filing Form 642.
9. Under penalty of perjur statements, and that all st	y, I declare and affirm that I have ex atements contained herein are true	amined this report, including and correct.	ng any accompany	ing schedules and
Name of Authorized Person			Date	
Maurice Doire			10/15/2024	
Signature of Authorized Per	on · Oll			

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

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