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## State of Rhode Island

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

REC'D RIDOS BSD 24 OCT 31 PH1:00:4

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		-
1708934	CW BU	uldings U	SC_	
3. NAICS Code 1	4. Brief description of the charac	ter of business conducted in Rho	de Island	
5. State of Formation				
TI	Billiards Bo	er and Grilk	: <u> </u>	
6. Principal Office Address	· · · · · · · · · · · · · · · · · · ·	City ,	State	Zip
\$ 928 Mainfie	el st.	Johnston	RI	08911
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name	,	Contact Title		
('hristopher )	lackson	Owner	<u> </u>	
Street Address Spring 18	iko Kd	Harrisulle	State	02830
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	ic Ksom		Date 103	2021
Signature of Authorized Person  Action				

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 31 2024

AA. 1:02pm.