

State of Rhode Island Department of State - Business Services Division

REC'D RIDOS BSD '24 NOV 21 PM1:16:3

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			
001761811	Elizabeth Mutrisenices, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
541213	Help chent to create a Plan to reach their			
5. State of Formation	desired financial souls thoughout the tilling Process.			
6. Principal Office Address		City	State	Zip
292 Acadon	ny Avenue surce	rnovidence	RI	02908
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Maria Elizabeth Arajo Contact Title Owner				
Street Address 292 Academy	Avenue, Staine C	ch? Roudera	State	²¹⁹ 02908
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 Maria Glizabeth Avayio			11/21/2024	
Signature of Authorized Person 6.				

FILED

BY LIKS

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MAIL TO:

Division of Business Services

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

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FORM 632 - Revised: 12/2023