RI SOS Filing Number: 202461395020 Date: 12/2/2024 2:59:00 PM



State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024
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			
001733324	Ochroma Group LLC			
3. NAICS Code 423310	Brief description of the character of business conducted in Rhode Island The purchase, sale and distribution of balsa wood and related products and services.			
5. State of Formation Massachusetts				
6. Principal Office Address		City	State	Zip
84 Summer Street		Rehoboth	MA	02769
7. Mailing Address of Limite	d Liability Company and Name or Title	e of Contact Person		1
Contact Name Benjamin Cornell		Contact Title Member		
Street Address 84 Summer Street		City Rehoboth	State MA	^{Zip} 02769
8. The Resident Agent inform	nation currently of record with the RI	Department of State is accur	rate. Changes require	filing Form 642.
	y, I declare and affirm that I have ex atements contained herein are true		ing any accompany	ing schedules and
Name of Authorized Person			Date	
Benjamin Cornell			11/26/2024	
Signature of Authorized Per	son In My		·	

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BY 5M B57

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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