RI SOS Filing Number: 202461639980 Date: 12/16/2024 4:00:00 PM



## State of Rhode Island

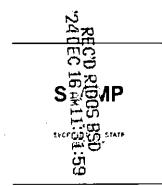
## **Department of State - Business Services Division**

Annual Report for the year: 2025 **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.



4 Entity ID Number	2 Event name of the Limited Lie	hility Company		-	
1. Entity ID Number	2. Exact name of the Limited Liability Company				
001734481	ALMONTE PROFESSIONAL SERVICES LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
542421	INSURANCE AND VEHICLE REGISTRATION				
5. State of Formation	1				
RI					
6. Principal Office Address	1001	City	State	Zip	
40 RESERVOIR AVENUE		PROVIDENCE	RI	02907	
7. Mailing Address of Limited Lia	ability Company and Name or Title	of Contact Person			
Contact Name ANDRES ALMONTE		Contact Title			
Street Address WASHINGTON STANTED		City DA ASABEACE	State	Zip 7923	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
	declare and affirm that I have ext ments contained herein are true	• • •	y accompanyii	ng schedules and	
Name of Authorized Person	Almonte		Date / 2/16/2024		
Signature of Authorized Person		-		/	

FILED

MAIL TO:

**Division of Business Services** 

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

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