



State of Rhode Island
Department of State - Business Services Division

REC'D RI SOS BSD
24 DEC 16 AM 11:31:59
SMP
SECRETARY OF STATE

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.

1. Entity ID Number 001734481		2. Exact name of the Limited Liability Company ALMONTE PROFESSIONAL SERVICES LLC	
3. NAICS Code 542421		4. Brief description of the character of business conducted in Rhode Island INSURANCE AND VEHICLE REGISTRATION	
5. State of Formation RI			
6. Principal Office Address 40 RESERVOIR AVENUE		City PROVIDENCE	State RI
		Zip 02907	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name ANDRES ALMONTE		Contact Title	
Street Address 180 WASHINGTON STREET		City PROVIDENCE	State RI
		Zip 02903	
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 Andres Almonte		Date 12/16/2024	
Signature of Authorized Person 			

FILED

DEC 16 2024
BY **Q54RE**
KJ

MAIL TO:

Division of Business Services
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