RI SOS Filing Number: 202461762480 Date: 12/20/2024 3:39:00 PM



## State of Rhode IslandDepartment 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.

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| 4 - 49 - 15 44 4  | 6 Forest and a state of the Mandalia  | hills . Company |        |       |  |  |  |
|---|---|-----------------|--------|-------|--|--|--|
| 1. Entity ID Number   | 2. Exact name of the Limited Liability Company                              |                 |        |       |  |  |  |
| 001765951   | E-Z BUSINESS LLC  |                 |        |       |  |  |  |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |                 |        |       |  |  |  |
| 56///0  | Administrative Services   |                 |        |       |  |  |  |
| 5. State of Formation   | 1   |                 |        |       |  |  |  |
| RI  |   |                 |        |       |  |  |  |
| 6. Principal Office Address   |   | City            | State  | Zip   |  |  |  |
| 11 Boxwood  | d C+  | Barringan       | RI     | 93806 |  |  |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |                 |        |       |  |  |  |
| Contact Name Contact Title  |   |                 |        |       |  |  |  |
| Kelly Marcu   |   | President       |        |       |  |  |  |
| Street Address  |   | City            | State  | Zip   |  |  |  |
| 1) Boxwood Ca   |   | Baringson       | 121    | 02806 |  |  |  |
| 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   |   | <del>.</del>    | Date 1 |       |  |  |  |
| Kelly March   |   | 12-20-24        |        |       |  |  |  |
| Signature of Authorizand Person,  |   |                 |        |       |  |  |  |
|   |   |                 |        |       |  |  |  |

**FILED** 

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MAIL TO:

Division of Business Services

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

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