

## 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.

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~J	

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 1					
6. Principal Office Address	<u> </u>	City	State	Zip	
11 Boxwood	J 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		Baringer	State	Zip O O O /	
11 Boxwood	7 (4	Barringer	1771	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		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

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