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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company 2024

-> 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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1. Entity ID Number	2. Exact name of the Limited Liability Company				
mi729059.	Supreme AUTOGIASS & TINT LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
8 111 54					
5. State of Formation	AUTO 5/1885 and that				
R\	1010 /1 00				
6. Principal Office Address		City	State	Zip	
GOL WARWick	AVE	WARWick	R.I	02888	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name	Contact Title				
Kennuard P.	chardo OWNER				
Street Address		City	State	Zip	
47 West WARW	lick ave.	West WARWICK	R.I	02893	
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 , /			
Kennuard Pichardo		12/23/24			
Signature of Authorized Person					
Krewas B. S.					

FILED

DEC 23 2024

MAIL TO:

Division of Business Services

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

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

FORM 632 - Revised: 12/2023