RI \$OS Filing Number: 202461790690 Date: 12/23/2024 3:24:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
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	2. Exact name of the Limited Liability Company			
001729059.	SUPREME AUTOGLASS & TINT LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
1811151	A char and that			
5. State of Formation	Auto 9100s and that			
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 Pichardo		OWNER		
Street Address		City	State	Zip
47 West WARWick Ave.		West WARWICK	1 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				
Lyena Balan				

FILED

DEC 2 3 2024

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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

FORM 632 - Revised: 12/2023