

State of Rhode Island **Department of State - Business Services Division**

2023 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.

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|)S BSD v3:23: | |
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| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
|---|---|--------------|---------------|-------|--|--|
| m1729059. | SUPREME AUTOGIASS & TINT LLC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 811154 | 1 | | | | | |
| 5. State of Formation | Auro 51685 and that | | | | | |
| R) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
| 6. Principal Office Address | | City | State | Zip | | |
| 601 WARWick | K AVE WARWICK | | R.I | 05888 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contect Name | ontect Name | | Contact Title | | | |
| Kennuard Pichardo | | OWNER | | | | |
| Street Address | | City | State | Zip | | |
| 47 West WARWick 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 Levan B. Dec | | | | | | |

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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