



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

FILED STAMP

Annual Report for the year:
Limited Liability Company

2025

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

DEC 26 2024
BY 361
[Signature]

1. Entity ID Number <u>017703601</u>		2. Exact name of the Limited Liability Company <u>DIENTE DE LEON LLC</u>	
3. NAICS Code <u>453220</u>		4. Brief description of the character of business conducted in Rhode Island <u>DIENTE DE LEON IS A NEW ENTITY AS OF 2024, SELLING HANDMADE GOODS.</u>	
5. State of Formation <u>RI, LLC</u>			
6. Principal Office Address <u>335 WICKENDEN</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
		Zip <u>02903</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>ELIJAH KAUFMAN</u>		Contact Title <u>OWNER</u>	
Street Address <u>80 VINTON #3</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
		Zip <u>02909</u>	
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 <u>ELIJAH KAUFMAN</u>		Date <u>12-18-2024</u>	
Signature of Authorized Person <u>[Signature]</u>			

MAIL TO:

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