



State of Rhode Island
Department of State - Business Services Division

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.

FILED STAMP

DEC 26 2024

BY 361
[Signature]

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

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