| RI SOS Filing Number: 202461818790 Date: 12/26/2024 12:18:00 F  | M Na                           |
|---|--------------------------------|
| State of Rhode Island Department of State - Business Services Division  | REC'D I                        |
| 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. | ) RIDOS BSD<br>26 PH 12: 16:5: |
|   |                                |

| 1. Entity ID Number   | 2. Exact name of the Limited Liability Company |  |           |            |  |
|---|--|--|-----------|------------|--|
| 661756231   | AZYION BUILD                                   | 13 Alsian  | UC        |            |  |
| 3. NAICS Code   | 4. Brief description of the charac             | ter of business conducted in Rho   | de Island |            |  |
| 531390  | realesale                                      |  |           |            |  |
| 5. State of Formation   |  |  |           |            |  |
| <i>Phode Island</i>   |  |  |           |            |  |
| 6. Principal Office Address   | ad .   | frondence  | State     | Zip and    |  |
| 123 Janwo   | OU Freet                                       | florion or   | 10-1      | 02 104     |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |           |            |  |
| Contact Name  |  | Contact Title  |           |            |  |
| HUASCAY   | rivas  | member   |           |            |  |
| Street Address  | and Annai                                      | CHY COLLA CO | Siate     | 260 CIA-7  |  |
|   | theet box                                      | promoduc   | 100       | 02401      |  |
| 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   | 101  | ·  | Date      | obil       |  |
| 4003cm (4   | vas  |  | 1000      | <i>b</i> 4 |  |
| Signature of Authorized Person  |  |  |           |            |  |
|   | 114  |  |           | -          |  |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED 12.18

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BY QNTG9



FORM 632 - Revised: 12/2023