

## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: Limited Liability Company 2024

→ 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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Entity ID Number	2. Exact name of the Limited Liability Company					
00 1765 203	MOK HOM	E IMPROVE	EMENT	LLC		
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
236118	Home In	provement				
5. State of Formation						
R.I.						
6. Principal Office Address	·	City	State	Zıp		
115 Taun	Farm Rd	Covertne	P.±.	2B16		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title				
MARCIN K	157	Owner	_			
Street Address	^	City	State	Zip		
115 Town	tarn Rd	Grenty	R7.	02 (16		
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	1		Date	,		
MARCIA	1 Kls>		12/-	30/2024		
Signature of Authorized Person						
New Ja K15						

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