RI SOS Filing Number: 202562946310 Date: 1/21/2025 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2025
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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1. Entity ID Number	2. Exact name of the Limited Liability Company				
1795890	103 RESEVOIR 20115				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
532310					
5. State of Formation	n				
RI	RENTAL				
6. Principal Office Address		City	State	Zip	
103 RESERVOIR AV Apt2		Providence	RI	02907	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Carlos chingo	Mander				
Street Address		City	State	Zip	
103 RESORVOIR AU APTZ		Providanda	RI_	02907	
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		
Carlos chingo Mendez					
Signature of Authorized Person					
the Chite					

FILED

JAN 21 2025 PAHXP

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov