

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					
1725890	103 RESEVOIR 20115					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
537310						
5. State of Formation	ntal					
RJ_	RENTAL					
6. Principal Office Address		City	State	Zip		
103 RESERVOIT	2 AV Apt2	Providence	RI	02907		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title				
Caylos chingo Mander						
Street Address		City	State	Zip		
103 RESORVOIR AU APTZ		Providanda	RJ_	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 mender						
Signature of Authorized Person						
the Child						

FILED

JAN 2 1 2025 PAHXP

MAIL TO:

Division of Business Services

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

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