



State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number 001776028		2. Exact name of the Limited Liability Company Activation Business LLC	
3. NAICS Code 485999		4. Brief description of the character of business conducted in Rhode Island Transportation	
5. State of Formation RI			
6. Principal Office Address 292 Academy Ave unit c		City Providence	State RI
		Zip 02908	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name SMITH Theodore		Contact Title OWNER.	
Street Address 631 Tower St.		City FALL RIVER	State MA
		Zip 02721	
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 SMITH Theodore		Date 1-27-25	
Signature of Authorized Person 			

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

JAN 27 2025

BY 5945A
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