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State of Rhode Island Department of State - Business Services Division

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.

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1. Entity ID Number	2. Exact name of the Limited Lia	bility Company			
001770344		ORTLESS L			
3. NAICS Code	4. Brief description of the charac	ter of business conducted in Rho	de island		
561720	TAMitoRi	ter of business conducted in Rho A S P R W CP S	S .		
5. State of Formation	1				
RI					
6. Principal Office Address		City	State	Zip	
	y Ave unit c		RI	80950	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
SAMontho	TondREAU				
Street Address	. 1	City , ,	State	Zip	
792 ACAMEINY	AVE UNIT C	PROVIOLNG	IRI .	102908	
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	•	
So-montho lonolREAU		11-27 - 25			
Signature of Authorized Person					
The state of the s					
-17					

FILED

JAN 27 2025 BY 59 AJA

MAIL TO:

Division of Business Services

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

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