

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 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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|------------------------------------|-------|
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| 1. Entity ID Number | 2. Exect name of the Limited Liability Company | |
|---|--|--|
| 001745768 | BAMSEY LLC | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | |
| 485999 | | |
| 5. State of Formation | | |
| RI | Mon Emergery Transportation Total State Zip | |
| 6. Principal Office Address | City State Zip | |
| 36 Overan Au | The second of th | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | |
| Contact Name | Contact Title | |
| Olucsaseci C | 10ke Oliner | |
| Street Address | City State 2 Zip Cont. | |
| 36 Orean A | UR North roundance RI 01911 | |
| 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 1 | |
| D/desose | oi 0/0/20 01/29/2025 | |
| Signature of Authorized Person | | |
| | State of | |
| | | |

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JAN 29 2025

MAIL TO:

Division of Business Services

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

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