

State of Rhode Island Department of State - Business Services Division

STAMP

Annual Report for the year: 2005
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.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
01.176/280	ded Manyoner + LLE			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
5. State of Formation	Teach Class Denc Asbestost Lead			
RI				
6. Principal Office Address		City	State	Zip
905 un + 57		Provident	RE	02903
7. Malling Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Jose Fernandez				
Street Address		City	State	Zip
39 Baker 57		East Previdence	191	02914
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	
Juse Formandor AR			1-36-25	
Signature of Authorized Person				
Jose Fing AR				
Hose U	- JAR			

FILED

JAN 3 0 2025

BY RBWWN

MAIL TO:

Division of Business Services

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