

State of Rhode Island Department of State - Business Services Division

STAMP

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.

4 Falls ID March an	0 5			
1. Entity ID Number	2. Exact name of the Limited Liability Company			
001715528	MIGHTY M	INDS UC.		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
54164	CENSULTING			
5. State of Formation	Cerv 30 CT VIII	9		
R.I.				
6. Principal Office Address		City	State	Zip
A GREVE AN	15241 Tim, E	ELST PROMIDENCE	6 RI	2914
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
JESSIES DOS JANGOS		CEO		
Street Address		City	State	Zip
17 GREVE AVE	WIT 14521	ELST PROMIDENCE	RI	agim
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	
JESSILLA DOS SANTOS			1 31/25	
Signature of Authorized Person				

FILED

MAIL TO:

Division of Business Services

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

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