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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2025
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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1. Entity ID Number 001776246	2. Exact name of the Limited Li				
3. NAICS Code 56 730	 -	acter of business conducted in Rh	node fsfand		
5. State of Formation					
6. Principal Office Address	hill Road	Haviss Ville	State RI	2ip 02830	
7. Malling Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Ducob Anthony Poirier		Contact Title Member			
Street Address 439 Smith Hill	Road	tarissuille	State	21p 0)230	
8. The Resident Agent information currently of record with the Rt 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 Dacob Pairi Cr		Date 3	Date 01/30/2025		
Signature of Authorized Person					

FILED 11:21

JAN 3 1 2025

OBY BY MACRN

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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