

State of Rhode Island Department of State - Business Services Division

2025 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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1. Entity ID Number 001776246	2. Exact name of the Limited Lia					
3. NAICS Code 56 730 5. State of Formation	 -	ecter of business conducted in Rho	de Island			
6. Principal Office Address 433 Smith	hill Road	Hariss Ville	State RI	2ip 02830		
7. Malling Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Dacob Anthony	Poirier	Contact Title Member				
Street Address 437 Smith Hill	Road	tarissuille	State	21p 0)230		
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 Jacob Pairi Co			Date 01/30/2025			
Signature of Authorized Person						

FILED 11:21

JAN 3 1 2025

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MAIL TO:

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

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