



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.

RECD RIDGESS BSB  
25 FEB 3 AM 10:53:02  
**STAMP**  
FOR  
SECRETARY OF STATE  
USE ONLY

|                                                                                                                                                                                                         |  |                                                                                                                 |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><b>001667437</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>VMH HOLDINGS, LLC.</b>                                     |                    |
| 3. NAICS Code<br><b>420000</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>IMPORT/EXPORT METAL SALES</b> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                      |  |                                                                                                                 |                    |
| 6. Principal Office Address<br><b>19 PALM BEACH AVE</b>                                                                                                                                                 |  | City<br><b>NARRAGANSETT,</b>                                                                                    | State<br><b>RI</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02882</b>                                                                                             |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                 |                    |
| Contact Name<br><b>IOANNIS STRATIS</b>                                                                                                                                                                  |  | Contact Title                                                                                                   |                    |
| Street Address<br><b>19 PALM BEACH AVENUE</b>                                                                                                                                                           |  | City<br><b>NARRAGANSETT,</b>                                                                                    | State<br><b>RI</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02882</b>                                                                                             |                    |
| 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<br><i>Vinod K. Mijar</i>                                                                                                                                                      |  | Date<br><i>2/3/25</i>                                                                                           |                    |
| Signature of Authorized Person<br><i>[Signature]</i>                                                                                                                                                    |  |                                                                                                                 |                    |

## MAIL TO:

## Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED 10:58

FEB 03 2025

CBN

BY *QKV76*