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State of Rhode Island Department of State - Business Services Division

FILED

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.

| FEB 03 | 2025 |
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| BY_ | ' _ |

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|---|---|---------------|---------------------|--------------|--|
| Entity ID Number 2. Exact name of the Limited Liability Company | | | | | |
| 001689563 | Moxic Investment Group, LLC | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| F21(10 | I - held cont | acting find a | Charles and Control | 9236 | |
| 531110 | I help contractors find retails. | | | | |
| 5. State of Formation | properties to buy and rehalo. | | | | |
| PI I alose as an advisor | | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 21 000 | Ave | PVD | RI | 02906 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name | | Contact Title | | | |
| TARA | Demyan | owner | | | |
| Street Address | Tole Ave | city PVD | State RI | 2p 029106 | |
| 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 | 0 11 | TARA | Date | | |
| | Tay // | 1 Denyan | <u>ر</u> | <u> </u> | |
| Signature of Authorized Person Tau | | | | | |

MAIL TO:

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

Phone: (401) 222-3040 Website: www.60s.ri.gov