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State of Rhode Island Department of State - Business Services Division

RECORISS 648 25 [EB 5 [52:26]

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001722279	True Hope ?			•
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
541213	Tox and Consulting Dia			
5. State of Formation	Tax and Consulting firm.			
Bhode Island				
6. Principal Office Address		City	State	Ζip
75 East Dr #2B		Providence	BI	02904
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name	_	Contact Title		
Shoonn D. Bijo Garcia		owner		
Street Address		City	State	Zip
436 Fairmount St		Woonsocket	P31	102895
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 ,		
Thouna O. Bijo Garria			2/5/25	
Signature of Authorized Person				

FILED ZIZ

FEB U 5 2025

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY Zyzn3