

State of Rhode Island

Department of Sta sion

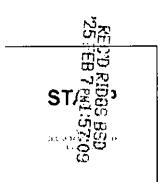
ate - Business	Services	Divis
2024		

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				
001339470	LESS STRESS HOME LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531110	BUY AND SALE REAL	SIAIE			
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
25 WASHBURN AVE		RUMFORD	RI	02916	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name RAMON BETA	ANCES	Contact Title MANAGER			
Street Address 25 WASHBUR	RN AVE	City RUMFORD	State RI	^{Zip} 02916	
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			
RAMON BETANCES		01/22/2005			
Signature of Authorized Person Kumur BUHM	us				

2:00

MAIL TO:

Division of Business Services

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

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