

State of Rhode Island Department of State - Business Services Division

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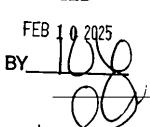
Annual Report for the year: Limited Liability Company

2025

-> 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 OW 140 185 3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island First description of the character of business conducted in Rhode Island City Tourise of Formation First description of the character of business conducted in Rhode Island City Tourise of City Tourise of Contact Person Contact Name Contact Name Contact Name Contact Title City City					<u> </u>	
3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island Code Estate 6. Principal Office Address 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Renath Belanger City City State Zip O2555 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Renath Belanger City Watten State Zip O2555 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 2/5/2025	Entity ID Number	2. Exact name of the Limited L	iability Company		•	
5. State of Formation 6. Principal Office Address 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Title Kenneth Belanger City Warren State Zip 02885 City Warren State Zip 02885 City Warren State Zip 02885 State Zip 02885 State All 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 Date 2/5/2025	000140185	Toursett Qualog LLC				
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name RI 02595 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Title Mg r Street Address PO Box 65 / Warren City State Zip 02595 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 Date 2/5/2025	531110					
Contact Name Kenneth Belanger City Street Address 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 2/5/2025			l ',	State	2ip 02885	
Street Address POBOX 651 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 Lenneth Belanger Date 2/5/2025	7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
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 2/5/2025	Kenneth			· · · · · · · · · · · · · · · · · · ·		
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 Lenneth Belanger 2/5/2025	Street Address PO Box 651		1 '	State	21p 02885	
Statements, and that all statements contained herein are true and correct. Name of Authorized Person Lenneth Belanger 2/5/2025	8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
Kenneth Belanger 2/5/2025						
Signature of Authorized Person				Date 2/5/2025		

MAIL TO:

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

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