

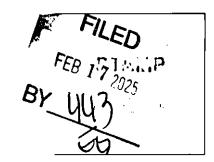
State of Rhode Island Department of State - Business Services Division

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.



1. Entity ID Number	2. Exact name of the Limited Liability Company			
00/673323	LOBM L	40		
3 NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
236115				
5. State of Formation	7			
	Construction	Consultant		
6. Principal Office Address		City	State	Zıp
122 685115	tone TER	City Partsnouth	BI	02871
7 Mailing Address of Lighted Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Walt-Land	222+	MANGUNG OBRINER		
Street Address		City	State	Zip
122 GARUSTONIA TER,		Portsmost	RI	02871
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	
Walt Lambert 2/11/25				35
Signature of Authorized Person				
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MAIL TO:

Division of Business Services

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

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