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State of Rhode Island

Department of State - Business Services Division

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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 Liat	pility Company		
001740909	Flv Matilda	SUIE LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
114111				
5. State of Formation	Commissizal	Ash Vess	Sež	
6. Principal Office Address	. ^	City	State	Zip
33 Acacia	Rd. Br. shol RD	Bistol	R.D.	02809
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name	ik Schollna	Contact Title		
Street Address 33 Acació	a Rd	Bristo(State D	2028D9
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 Petter Sebrana			Date 2 - 18 - 2025	
Signature of Authorized Person Substitute of Authorized Person S				

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MAIL TO:

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

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