

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 202 **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.

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Entity ID Number	2. Exact name of the Limited Liability Company						
000163039	Vision Really GROUP LCC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531//0 5. State of Formation							
RI	Real Estate						
6. Principal Office Address		City	State	Zip			
120 BROWN Au		Johnsten	RI	02919			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name		Contact Title					
Hector Rosa		Contact Title Mauagen City State Zip Od \$ 19 Department of State is accurate. Changes require filing Form 642.					
Street Address		City	State	Zip			
120 BROWN A	Ave	Johnsten	八十	02519			
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				
Heclon Rosa			2-26-25				
Signature of Authorized Person A edic Resa							

MAIL TO:

Division of Business Services

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

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