RI SOS Filing Number: 202566098330 Date: 2/24/2025 4:00:00 PM

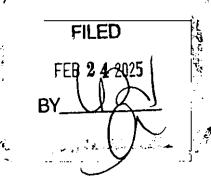
(B)

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 Lim	2 Exact name of the Limited Liability Company			
1691830	Maximum Group	Maximum Group, LLC			
3 NAICS Code	4. Brief description of the	Brief description of the character of business conducted in Rhode Island owning, holding, selling, leasing, transferring, exchanging, operating and managing real property and any and all lawful business thereto			
516376	owning, holding, se				
5 State of Formation	managing real prop				
Rhode Island					
6 Principal Office Address		City	State	Zip	
16 Maxim Street		Cranston	RI	02910	
7 Mailing Address of Limite	ed Liability Company and Name	or Title of Contact Person	1	.	
Contact Name Alfredo S. Florenz		Contact Title Administrative Manager			
Street Address 16 Maxim Street		City Cranston	State RI	^{Zıp} 02910	
8. The Resident Agent info	mation currently of record with t	he RI Department of State is accu	irate. Changes requir	e filing Form 642	
	I declare and affirm that I have tatements contained herein ar	e examined this report, including re true and correct.	g any accompanyin	g schedules and	
Name of Author zed Person	1		Date	1 1	
Alfredo S. Florenz, A	Administrative Manager			10/25	
Signature of Authorized Pe	nce			1	
/Kel 2	do S				

MAIL TO:

Division of Business Services

148 W River Street Providence Rhode Island 02904-2615

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