RI SOS Filing Number: 202565718950 Date: 2/26/2025 4:00:00 PM



## State of Rhode Island

## **Department of State - Business Services Division**

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.

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| 1. Entity ID Number   | 2. Exact name of the Limited Liability Company                              |                |              |                         |  |
|---|---|----------------|--------------|-------------------------|--|
| 601771143   | Amari Nely Association LLC  |                |              |                         |  |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |                |              |                         |  |
| 1541199   |   |                |              |                         |  |
| 5. State of Formation   | Notary Immifration Service  |                |              |                         |  |
| RI  | ,00100  |                |              |                         |  |
| 6. Principal Office Address   | <del></del>   | City A         | State        | Zip                     |  |
| 927 Great   | Rd  | Northsmithlida | RI           | UZ896                   |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |                |              |                         |  |
| Contact Name  |   | Contact Title  |              |                         |  |
| Nely Brandao Paul Owner   |   |                |              |                         |  |
| Street Address Ta7 Great Rd   |   | Nom ith field  | State        | <sup>zip</sup><br>62896 |  |
| 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 2/26/25 |                         |  |
| Mly Brandoo Punl  |   |                | 2/26/2       |                         |  |
| Signature of Authorized Person  |   |                |              |                         |  |
|   |   |                |              |                         |  |

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MAIL TO:

Division of Business Services

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

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