RI SOS Filing Number: 202566398340 Date: 3/3/2025 4:00:00 PM



State of Rhode Island

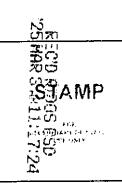
Department of State - Business Services Division

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 Liability Company | | |
|---|---|---------------|------------|
| 272559 | leuples | con stro | Am LLC |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | |
| 236118 | | | / |
| 5. State of Formation | / _ | mal Con | 1 and tell |
| ρF | Gene | m Con | 700 |
| 6. Principal Office Address | | City | State Zip |
| 42 | GN 5 VCN91 | fort | 19 02860 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name | A , | Contact Title | |
| leun Moenix | | OWNER | |
| Street Address | | City () | State Zip |
| 42 Inisveror ave | | Von | LT 02860 |
| 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 / / |
| Kevin Moenin | | \checkmark | 3/3/25 |
| Signature of Authorized Person | | , | / / |
| | | | |

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BY STUSS

MAIL TO:

Division of Business Services

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

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