

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

MAR 0 3 2025

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 Limited Liability Company			
001772025	Humigard, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
339999	Manufacturing.			
5. State of Formation				
RHODE ISLAND				
6. Principal Office Address	,L,,,	City	State	Zip
134 Howard Avenue		Coventry	RI	02816
7. Mailing Address of Limited Li	ability Company and Name or	Title of Contact Person		
Contact Name Charles J. Factor		Contact Title Member		
Street Address 134 Howard Avenue		City Coventry	State	<sup>Z<sub>ip</sub></sup> 02816
8. The Resident Agent informat	ion currently of record with the	RI Department of State is accu	ırate. Changes require	e filing Form 642.
9. Under penalty of perjury, I statements, and that all state.			ding any accompany	ring schedules and
Name of Authorized Person			Date	
Charles J. Factor, Member			1-	14-25
Signature of Authorized Person				

MAIL TO:

**Division of Business Services** 

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

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