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## 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 Liab   | oility Company     |       | <u> </u>     |  |
|---|---|--------------------|-------|--------------|--|
| 001749049   | M&W ACU2S LLL   |                    |       |              |  |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |                    |       |              |  |
| 45 4110   |   |                    |       |              |  |
| 5. State of Formation   |   |                    |       |              |  |
| RI É GOMMERCE   |   |                    |       |              |  |
| 6. Principal Office Address   | •   | City               | State | Zip          |  |
| 67 RILLS  | 5 <i>t</i>  | PROVIDENCE         | RI    | 02908        |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |                    |       |              |  |
| Contact Name  |   | Contact Title      |       |              |  |
| WARLY ACEVEDO HOLSILIN DWNER  |   |                    |       |              |  |
| Street Address  | ,   | City               | State | 2ip<br>02908 |  |
| 67 RILL ST  |   | City<br>PROVIDENCE | 13 (  | 02708        |  |
| 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 , ,           |       |              |  |
| WARLY ACEVEDO HOLS WIN  |   | 03/5/2025          |       |              |  |
| Signature of Authorized Person  |   |                    |       |              |  |
| Way bot.  |   |                    |       |              |  |

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MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 0 5 2025 F29F3