

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.

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表の STAMP

1. Entity ID Number	2. Exact name of the Limited Liability Company					
001749049	M&W ACV2S LLL					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
45 4110						
5. State of Formation						
L' C 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 HOLSUIN DWNER						
Street Address	,	City	State	21p 02908		
67 RILL ST	~'	City PROVIDENCE	131	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 , 1			
WARLY ACEVEDO HOLS WIN			03/5/2025			
Signature of Authorized Person						
Word Att.						

FILED

MAIL TO:

Division of Business Services

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

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

FORM 632 - Revised: 12/2023