Department of State - Business Services Division SVCS DIV

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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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-	MAR 0 5 2025 10
ΒN	1646

1. Entity ID Number	2. Exact name of the L	mited Liability Company				
505194						
3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island						
238310	Dryyali   Plastering					
5. State of Formation Q I		J				
6 Principal Office Address	173.4	City	State	Zip		
203 Shun	Pike	Johnston	RI	02919		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name JUan Gi	sherrez	Contact T.Ho Owner Pres	Owner President			
Street Address 203 Shun	Pille	city Johnston	State R1	2002919		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642						
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 10/011		
Juan Guthe	11462		Date 3/8/24			
Signature of Authorized Person  Man C. Hull						
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MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040