

## State of Rhode Island

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

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 <b>001674175</b>	2. Exact name of the Limited Liability Company Miranda Nahmias & Co., LLC  4. Brief description of the character of business conducted in Rhode Island marketing and design				
3. NAICS Code <b>541613</b>					
5. State of Formation RI					
6. Principal Office Address 121 Tell Street, #3F		City Providence	State RI	Zip 02909	
7. Mailing Address of Limite	d Liability Company and Name or Tit	e of Contact Person			
Contact Name Miranda Mowbray		Contact Title Authorized Person			
Street Address 121 Tell Street, #3F		City Providence	State RI	Zip <b>02909</b>	
8. The Resident Agent infor	mation currently of record with the RI	Department of State is ac	curate. Changes requ	ire filing Form 642.	
	l declare and affirm that I have exa latements contained herein are true		ing any accompanyi	ing schedules and	
Name of Authorized Person Miranda Mo			Date 2/20	Date 2/20/25	
Signature of Authorized Per	son de Mori	500	•		

MAIL TO:

**Division of Business Services** 

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