

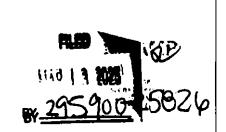
State of Rhode Island Department of State - Business Services Division

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.



1. Entity ID Number	2. Exact name of the Limited Liability Company				
UD1782186	GUSTAFSON SOJOURN, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
721310	OUND, protected logally also ly				
5. State of Formation ourse) extected logally all les					
Rhale Island	heing classified as an LLC				
6. Principal Office Address		City	State	Zip	
33 Spruce Cane		Brishol	RI	02809	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title		, Uhone	
Erile austafra		sole oune- member of LLC			
Street Address 10 Halletts Point #721		City As Arvia	State Aly	Z1110Z	
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 Wik Gusta Jscu			P.Ma	8 March 2025	
Signature of Authorized Person Gick Give Land					

MAIL TO:

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

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