

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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REAMP	
10.5 Constant	

Entity ID Number	2. Exact name of the Limited Lia	bility Company		_	
1781300	master 13	read DiSIR	butto	n LLC	
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
311 817 5. State of Formation	Bread	distribute	ón		
RE					
Principal Office Address		City	State	Zip	
7 Die 300	r AUC	N. Frow.	RF	02911	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Mi July	Kes	Owner			
Street Address	1,,0	City	State	Zip	
7 000	n AUR.	M. Krow.	1/25	027//	
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 exemined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person	. //	······································	Date 🖍	<u></u>	
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Signature of Authorized Person					
Micael Keyel					

FILED

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BY TUNHX

MAIL TO:

Division of Business Services

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

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