

## 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.



Entity ID Number	2. Exact name of the Limited Liability Company			
001717874	MR1 LCC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
236118	to buy + Sell + lease Real state			
5. State of Formation	10 000			
RS				
6. Principal Office Address		City	State	Zıp
43 bAbcock St		. Phovidence	U5	02905
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
miguel Key		owner		
Street Address		City /	State	Zip
1 43 64000C St 1		Krovi Lence	NE	00705
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 / /				
M: mel Key 3/19/25				
Signature of Authorized Person				
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FILED

MAIL TO:

**Division of Business Services** 

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

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