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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.



1. Entity ID Number 001667103	2. Exact name of the Limited Liability Company T.MARTINS,LLC			
3. NAICS Code 454110	4. Brief description of the character of business conducted in Rhode Island INNACTIVE LLC			
5. State of Formation				
6. Principal Office Address		City	State	Zıp
354 MOUNT PLEASANT AVENUE		PROVIDENCE	RI	02908
7. Mailing Address of Limited	Liability Company and Name or Tit	le of Contact Person		
Contact Name THEO MARTINS		Contact Title OWNER		
Street Address 354 MOUNT PLEASANT AVENUE		City PROVIDENCE	State RI	^{Zıp} 02908
8. The Resident Agent inform	lation currently of record with the RI	Department of State is accurate	Changes require	e filing Form 642.
	, I declare and affirm that I have e tements contained herein are tru		any accompany	ing schedules and
Name of Authorized Person			Date	
THEO MARTINS			3/14/2025	
Signature of Authorized Pers	on O			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 2 0 2025 BY 8 TC 7 Y