

State of Rhode Island

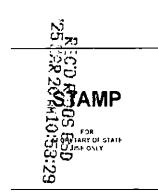
Department of State - Business Services Division

Annual Report for the year: 20

→ 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 5. State of Formation RI	Brief description of the character of business conducted in Rhode Island INNACTIVE LLC			
6. Principal Office Address		City	State	Zip
354 MOUNT PLEASANT AVENUE		PROVIDENCE	RI	02908
7. Mailing Address of Limited L	iability Company and Name or Tit	e of Contact Person	<u> </u>	
Contact Name THEO MARTINS		Contact Title OWNER		
Street Address 354 MOUNT PLEASANT AVENUE		City PROVIDENCE	State RI	^{Zip} 02908
8. The Resident Agent informat	tion currently of record with the RI	Department of State is accurate	. Changes require	e filing Form 642.
	declare and affirm that I have e ments contained herein are tru		any accompany	ing schedules and
Name of Authorized Person			Date	
THEO MARTINS			3/14/2025	
Signature of Authorized Persor			•	

MAIL TO:

Division of Business Services

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

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